

PREPAID INPATIENT HEALTH PLAN ENCOUNTER EDIT MANUAL

**NORTH CAROLINA DEPARTMENT OF HEALTH
AND HUMAN RESOURCES
DIVISION OF MEDICAL ASSISTANCE**

VERSION 4.2

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All changes made to this Manual after the creation date are noted along with the author, date, and reason for the change.

Author of Change	Description of Change	Date
Adolph Simmons	Document creation	3/13/2017
Adolph Simmons	Updates for missing edits	5/12/2017
Adolph Simmons	Update for missing edit (49459)	01/11/2018
Adolph Simmons	Update for J276	02/2018
Adolph Simmons	Update to modify status of one edit and add a missing edit	05/2018
Adolph Simmons	Update to modify edit 13420 to consider overlapping date ranges	06/03/2019

In order for data to be useful, the data must meet minimum thresholds of data quality. One of the most basic tests of data quality is editing. All encounter data submitted to the MMIS are subject to edits. The purpose of this document is to provide a list of edits that are executed for any 837-Encounters sent to NCTracks-DMA from the MCOs.

Encounter data edits can have one of the following dispositions:

- Encounter passes all edits and is accepted into the MMIS and priced per DMA guidelines (Ignore).
- Encounter contains a minor exception(s) — an information report is generated and the data is accepted into the MMIS (Pay & Report).
- Encounter contains a fatal error that results in its rejection (Denial).

The document contains the edits that are set to 'Deny' as well as 'Pay and Report'.

In addition to the state defined edits that are listed in this manual, CMS has defined a series of Medicare Code Edits (MCEs) which test for errors in the coding of encounter and FFS claims data. These errors are documented and reported in a standardized format. For a list of the MCEs, go to www.cms.gov. Select Medicare. Select Acute Inpatient PPS. Select the Final Rule Homepage for the fiscal year you are interested in. Select the Final Rule and Correction Notice Data Files. Scroll down to the Download section. Select Definition of Medicare Code Edits.

EDIT 00001 – HEADER BEGIN SERVICE DATE IS INVALID OR GREATER THAN TCN DATE.

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: Deny

EOB: 00050

HIPAA Adjustment Reason Code: 110

HIPAA Remark: MA31

HIPAA Status: 187

THE HEADER SERVICE BEGIN DATE IS LESS THAN OR EQUAL TO SPACES

OR

THE HEADER SERVICE BEGIN DATE IS EQUAL TO 01/01/0001 (MEANING AN INVALID DATE)

OR

THE HEADER SERVICE BEGIN DATE IS GREATER THAN THE DATE CONTAINED WITHIN THE TCN

OR

THE YEAR OF THE HEADER SERVICE BEGIN DATE IS LESS THAN 2000

EDIT 00002 – ADMISSION DATE INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0040**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)**HIPAA Remark:** N173, M52**HIPAA Status:** 21, 189, 187

Claim Type	Admit Date
A – MEDICARE PART A-INPATIENT CROSSOVER	01/01/0001 (INVALID DATE)
F – NURSING HOME	
G – HOSPICE	
H – HOME HEALTH	
I – INPATIENT	
N – ADULT CARE HOMES	

EDIT 00003 – HEADER END SERVICE DATE IS INVALID OR GREATER THAN TCN DATE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 00171

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N318

HIPAA Status: 190

THE HEADER SERVICE END DATE IS LESS THAN OR EQUAL TO SPACES

OR

THE HEADER SERVICE END DATE IS EQUAL TO 01/01/0001 (MEANING AN INVALID DATE)

OR

THE HEADER SERVICE END DATE IS GREATER THAN THE DATE CONTAINED WITHIN THE TCN

OR

THE YEAR OF THE HEADER SERVICE END DATE IS LESS THAN 2000

EDIT 00040 – TO DATE OF SERVICE INVALID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0040

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N173, M52

HIPAA Status: 21, 189, 187

THE HEADER SERVICE BEGIN DATE IS AFTER THE LINE ITEM BEGIN DATE

OR

THE HEADER SERVICE END DATE IS BEFORE THE LINE ITEM END DATE

EDIT 00046 – BILLING/RENDERINPROVIDER TERMINATED

Effective Date: 2/3/2017

End Date:

Update Date: 2/3/2017

Disposition: DENY

EOB: 0013

HIPAA Adjustment Reason Code: 16, B7 (end-dated 10/31/2014)

HIPAA Remark: N521

HIPAA Status: 91, 562

FOR THE DOS ON THE ENCOUNTER DETAIL, THE BILLING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS ONE OF THE FOLLOWING:

- 06** – VOLUNTARY TERMINATION-NO LONGER MEET CRITERIA
- 07** – VOLUNTARY TERMINATION-CLOSED OR OUT OF BUSINESS
- 08** – VOLUNTARY TERMINATION-NO LONGER PROVIDE SERVICES
- 13** – LME ENDORSEMENT WITHDRAWAL
- 15** – PROVIDER IS TERMINATED DUE TO CHANGE IN OWNERSHIP
- 23** – PROVIDER NOTIFIED OF NO CLAIMS ACTIVITY
- 32** – REVOKED CREDENTIALS
- 44** – UNDELIVERABLE ADDRESS
- 48** – PROVIDER ELIGIBILITY TERMINATED FROM STATE DIRECTION
- 52** – PROVIDER IS TERMINATED DUE TO A NORTH CAROLINA PENALTY DATABASE INFRACTION
- 54** – TERMINATION FOR NEGATIVE BACKGROUND RESULT

OR

FOR THE DOS ON THE ENCOUNTER DETAIL, THE RENDERING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS ONE OF THE FOLLOWING:

- 06** – VOLUNTARY TERMINATION-NO LONGER MEET CRITERIA
- 07** – VOLUNTARY TERMINATION-CLOSED OR OUT OF BUSINESS
- 08** – VOLUNTARY TERMINATION-NO LONGER PROVIDE SERVICES
- 13** – LME ENDORSEMENT WITHDRAWAL
- 15** – PROVIDER IS TERMINATED DUE TO CHANGE IN OWNERSHIP
- 23** – PROVIDER NOTIFIED OF NO CLAIMS ACTIVITY
- 32** – REVOKED CREDENTIALS
- 44** – UNDELIVERABLE ADDRESS
- 48** – PROVIDER ELIGIBILITY TERMINATED FROM STATE DIRECTION
- 52** – PROVIDER IS TERMINATED DUE TO A NORTH CAROLINA PENALTY DATABASE INFRACTION
- 54** – TERMINATION FOR NEGATIVE BACKGROUND RESULT

EDIT 00097 – STATE INCARCERATION - INPATIENT SERVICES ONLY**Effective Date:** 7/1/2013**End Date:****Update Date:** 9/20/2016**Disposition:** DENY**EOB:** 1797**HIPAA Adjustment Reason Code:** 16, 58 (end-dated 10/31/2014)**HIPAA Remark:** M77, M2 (end-dated 9/24/2015) (end-dated 10.31.2014)**HIPAA Status:** 250, 249

CAROLINA ACCESS EXEMPT CODE	HEADER ID CODE	CLAIM TYPE	LIVING ARRANGEMENT	PLACE OF SERVICE
9900058	61 – INSTITUTIONAL	NOT A – MEDICARE PART A I – INPATIENT		
OR				
	61 – INSTITUTIONAL	NOT A – MEDICARE PART A I – INPATIENT	16 – INCARCERATED	
OR				
9900058	60 – PROFESSIONAL			<p>NOT</p> <ul style="list-style-type: none">• 06 – INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY• 08 – TRIBAL 638 PROVIDER BASED FACILITY,• 21 – INPATIENT• 51 – INPATIENT PSYCHIATRIC FACILITY• 55 – RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY• 56 – PSYCHIATRIC RESIDENTIAL TREATMENT CENTER• 61 – COMPREHENSIVE INPATIENT REHABILITATION FACILITY
OR				
	60 – PROFESSIONAL		16 – INCARCERATED	<p>NOT</p> <ul style="list-style-type: none">• 06 – INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY• 08 – TRIBAL 638 PROVIDER BASED FACILITY,• 21 – INPATIENT

				<ul style="list-style-type: none">• 51 – INPATIENT PSYCHIATRIC FACILITY• 55 – RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY• 56 – PSYCHIATRIC RESIDENTIAL TREATMENT CENTER• 61 – COMPREHENSIVE INPATIENT REHABILITATION FACILITY
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EDIT 00100 – LINE OR HEADER BEGIN SERVICE DATE IS INVALID

Effective Date: 7/1/2013

End Date:

Update Date: 9/11/2015

Disposition: DENY

EOB: 0040

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N173, M52

HIPAA Status: 21, 189, 187

THE LINE BEGIN DATE OF SERVICE IS LESS THAN OR EQUAL TO SPACES

OR

THE LINE BEGIN DATE OF SERVICE IS EQUAL TO 0001-01-01 (MEANING AN INVALID DATE),

OR

THE LINE BEGIN DATE OF SERVICE YEAR IS LESS THAN 2000

OR

THE LINE BEGIN DATE OF SERVICE IS GREATER THAN THE DATE CONTAINED WITHIN THE TRANSACTION
CONTROL NUMBER (TCN).

EDIT 00140 – BILL TYPE/ADMIT DATE/FROM DATE OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0925**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)**HIPAA Remark:** MA31, MA30**HIPAA Status:** 21, 189

CLAIM TYPE	SPECIAL INPATIENT RATE CODE	BILL TYPE	Provider Taxonomy	Date
I – INPATIENT	<ul style="list-style-type: none">• P – PER DIEM• R – RCC RATIO OF COST TO CHARGE	<ul style="list-style-type: none">• 111 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-ADMIT THRU DISCHARGE ENCOUNTER• 112 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-INTERIM-FIRST ENCOUNTER• 121 – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-ADMIT THRU DISCHARGE ENCOUNTER• 122 – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-INTERIM-FIRST ENCOUNTER• 171 – RESERVED FOR ASSIGNMENT BY NUBC-ADMIT THRU DISCHARGE ENCOUNTER• 172 – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-FIRST ENCOUNTER• 181 – HOSPITAL-SWING BEDS-ADMIT THRU DISCHARGE ENCOUNTER• 182 – HOSPITAL-SWING BEDS-INTERIM-FIRST ENCOUNTER		Admission Date does not equal Header Begin Date of Service
OR				
I – INPATIENT	<ul style="list-style-type: none">• P – PER DIEM• R – RCC RATIO OF COST TO CHARGE	<ul style="list-style-type: none">• 113 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-INTERIM-CONTINUING ENCOUNTER• 114 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-INTERIM-LAST ENCOUNTER• 123 – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-		Admission Date equals Header Begin Date of Service

		<p>INTERIM-CONTINUING ENCOUNTER</p> <ul style="list-style-type: none"> • 124 – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-INTERIM-LAST ENCOUNTER • 173 – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-CONTINUING ENCOUNTER • 174 – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-LAST ENCOUNTER • 183 – HOSPITAL-SWING BEDS-INTERIM-CONTINUING ENCOUNTER • 184 – HOSPITAL-SWING BEDS-INTERIM-LAST ENCOUNTER 		
OR				
I – INPATIENT		<ul style="list-style-type: none"> • 113 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-INTERIM-CONTINUING ENCOUNTER • 114 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-INTERIM-LAST ENCOUNTER • 123 – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-INTERIM-CONTINUING ENCOUNTER • 124 – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-INTERIM-LAST ENCOUNTER • 173 – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-CONTINUING ENCOUNTER • 174 – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-LAST ENCOUNTER • 183 – HOSPITAL-SWING BEDS-INTERIM-CONTINUING ENCOUNTER • 184 – HOSPITAL-SWING BEDS-INTERIM-LAST ENCOUNTER 	283Q00000X	Admission Date equals Header Begin Date of Service

EDIT 00190 – DIAGNOSIS NOT VALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0027**HIPAA Adjustment Reason Code:** 146**HIPAA Remark:** M76**HIPAA Status:** 477, 255, 21

CLAIM TYPE	PRIMARY DIAGNOSIS	DIAGNOSIS 2 – 8	PROVIDER TAXONOMY	HEADER BEGIN SERVICE DATE / HEADER END SERVICE DATE
NOT I - INPATIENT	NOT ON REFERENCE DIAGNOSIS TABLE		NOT ON TAXONOMY LIST 2	
OR				
NOT I - INPATIENT	ON REFERENCE DIAGNOSIS TABLE			OUTSIDE DIAGNOSIS EFFECTIVE DATES
OR				
P - PROFESSIONAL		NOT ON REFERENCE DIAGNOSIS TABLE		
OR				
NOT I - INPATIENT				OUTSIDE DIAGNOSIS EFFECTIVE DATES FOR DIAGNOSES 2 – 8
OR				
NOT I - INPATIENT		NOT ON REFERENCE DIAGNOSIS TABLE AND 1 ST CHARACTER NOT = 'E'		

Billing Taxonomy List 2

193400000X	207U00000X	207UN0901X
207UN0902X	207UN0903X	207ZB0001X
207ZC0006X	207ZC0500X	207ZD0900X
207ZF0201X	207ZH0000X	207ZI0100X
207ZM0300X	207ZN0500X	207ZP0007X
207ZP0101X	207ZP0102X	207ZP0104X
207ZP0105X	207ZP0213X	2085B0100X
2085D0003X	2085N0700X	2085N0904X
2085P0229X	2085R0001X	2085R0202X
2085R0203X	2085R0204X	2085R0205X
2085U0001X	291U00000X	

EDIT 00250 – RECIPIENT NOT ON ELIGIBILITY DATABASE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0143

HIPAA Adjustment Reason Code: 16, 31 (end-dated 10/31/2014)

HIPAA Remark: N382

HIPAA Status: 97, 33

THERE IS NO RECORD IN NCTRACKS FOR THE ID SUBMITTED ON THE ENCOUNTER. IF AN LME ID WAS SUBMITTED, CHECK TO MAKE SURE THAT IT WAS CROSS-REFERENCED TO A CNDS ID.

EDIT 00253 – RECIPIENT DECEASED BEFORE HEADER TDOS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0093

HIPAA Adjustment Reason Code: 16, 13 (end-dated 10/31/2014)

HIPAA Remark: M52, N1 (end-dated 10/31/2014)

HIPAA Status: 88

THE HEADER TO DATE OF SERVICE IS AFTER THE RECIPIENT'S DATE OF DEATH IN NCTRACKS.

EDIT 00260 – RECIPIENT ID MISSING OR INVALID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0120

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: MA61

HIPAA Status: 478, 21

THERE IS NO RECIPIENT ID SUBMITTED ON THE ENCOUNTER OR THE RECIPIENT ID THAT IS SUBMITTED IS ALL 0'S.

EDIT 00261 – RECIPIENT DECEASED BEFORE DETAIL TDOS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0093

HIPAA Adjustment Reason Code: 13

HIPAA Remark: N1

HIPAA Status: 88

THE DETAIL-TO-DATE OF SERVICE IS AFTER THE RECIPIENT'S DATE OF DEATH IN NCTRACKS.

EDIT 00262 – RECIPIENT NOT ELIGIBLE ON DETAIL DOS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0011

HIPAA Adjustment Reason Code: 16, 177 (end-dated 10/31/2014)

HIPAA Remark: N382, N30 (end-dated 10/31/2014)

HIPAA Status: 90, 109

THE RECIPIENT DOES NOT HAVE ELIGIBILITY ON THE DETAIL DATE(S) OF SERVICE.

EDIT 00267 – DATES OF SERVICE PRIOR TO RECIPIENT'S BIRTH

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0105

HIPAA Adjustment Reason Code: 16, 14 (end-dated 10/31/2014)

HIPAA Remark: M52

HIPAA Status: 88, 158

THE DETAIL TO DATE OF SERVICE IS BEFORE THE RECIPIENT'S DATE OF BIRTH IN NCTRACKS.

EDIT 00269 – ELIGIBILITY UNDER CATASTROPHIC

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0292

HIPAA Adjustment Reason Code: 16, 22 (end-dated 10/31/2014)

HIPAA Remark: MA04, N381 (end-dated 10/31/2014), N192 (end-dated 10/31/2014)

HIPAA Status: 655, 116, 107

THE RECIPIENT IS ENROLLED IN THE MQBQ BENEFIT PLAN.

EDIT 00300 – BILLING PROVIDER INVALID/NOT ON FILE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0004

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N257, N77 (end-dated 10/31/2014)

HIPAA Status: 21, 132 (end-dated 10/31/2014)

THE NUMBER, EITHER ATYPICAL OR NPI, SUBMITTED AS THE BILLING PROVIDER IS NOT ENROLLED IN NCTRACKS.

EDIT 00308 – BILLING PROVIDER INVALID FOR DOS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0013

HIPAA Adjustment Reason Code: 16, B7 (end-dated 10/31/2014)

HIPAA Remark: N255

HIPAA Status: 91, 562

THE ELIGIBILITY EFFECTIVE DATE FOR THE NPI/ATYPICAL NUMBER SUBMITTED AS THE BILLING PROVIDER IS
AFTER THE HEADER FROM DATE OF SERVICE

OR

THE ELIGIBILITY END DATE FOR THE NPI/ATYPICAL NUMBER SUBMITTED AS THE BILLING PROVIDER IS BEFORE
THE HEADER TO DATE OF SERVICE

EDIT 00313 – MISSING/INVALID TYPE BILL

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0133

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11-07-2013)

HIPAA Remark: MA30

HIPAA Status: 21

	3 DIGIT TYPE OF BILL CODE	PROVIDER TAXONOMY	CLAIM RECORD CODE	CLAIM LINE DATE OF SERVICE	
	NOT 131 – HOSPITAL OUTPATIENT-ADMIT THRU DISCHARGE 137 – HOSPITAL OUTPATIENT-REPLACEMENT OF PRIOR CLAIM 138 - HOSPITAL OUTPATIENT-VOID/CANCEL OF PRIOR CLAIM	341600000X 3416A0800X 3416L0300X 3416S0300X	61 - INSTITUTIONAL	NOT WITHIN ELIGIBILITY RANGE FOR ATTENDING PROVIDER	
OR					
CLAIM TYPE	3 DIGIT TYPE OF BILL CODE	PROVIDER TAXONOMY	CLAIM RECORD CODE	REVENUE CODE	
I - INPATIENT	NOT 891 - SPECIAL FACILITY-OTHER-ADMIT THRU DISCHARGE CLAIM 892 - SPECIAL FACILITY-OTHER-INTERIM-FIRST CLAIM 893 - SPECIAL FACILITY-OTHER-INTERIM-CONTINUING CLAIM 894 - SPECIAL FACILITY-OTHER-INTERIM-LAST CLAIM 897 - SPECIAL FACILITY-OTHER-REPLACEMENT OF PRIOR CLAIM 111 - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-ADMIT THRU DISCHARGE CLAIM 112 - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-INTERIM-FIRST CLAIM	NOT 283Q00000X 284300000X	61 - INSTITUTIONAL	NOT 0902	Commented [DLM1]: Remove this column. It will be confusing the to the MCOs.

	117 - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- REPLACEMENT OF PRIOR CLAIM 110 - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- NON-PAYMENT/ZERO CLAIM				
	OR				
	3 DIGIT TYPE OF BILL CODE	PROVIDER TAXONOMY/ QUAL	CLAIM RECORD CODE		
	180 - HOSPITAL-SWING BEDS-NON-PAYMENT/ZERO CLAIM 181 - HOSPITAL-SWING BEDS-ADMIT THRU DISCHARGE CLAIM 182 - HOSPITAL-SWING BEDS-INTERIM-FIRST CLAIM 183 - HOSPITAL-SWING BEDS-INTERIM-CONTINUING CLAIM 184 - HOSPITAL-SWING BEDS-INTERIM-LAST CLAIM 185 - HOSPITAL-SWING BEDS-LATE CHARGE(S) ONLY CLAIM 187 - HOSPITAL-SWING BEDS-REPLACEMENT OF PRIOR CLAIM 188 - HOSPITAL-SWING BEDS-VOID/CANCEL OF PRIOR CLAIM	275N00000X/0 04086 275N00000X/0 08086	61 - INSTITUTIONAL		
	OR				
CLAIM TYPE	3 DIGIT TYPE OF BILL CODE	PROVIDER TAXONOMY	REVENUE CODE	CHARGE MODE	CLAIM RECORD CODE
I - INPATIENT	650 - INTERMEDIATE CARE-LEVEL I-NON-PAYMENT/ZERO CLAIM 651 - INTERMEDIATE CARE-LEVEL I-ADMIT THRU DISCHARGE CLAIM 652 - INTERMEDIATE CARE-LEVEL I-INTERIM-FIRST CLAIM 653 - INTERMEDIATE CARE-LEVEL I-INTERIM-CONTINUING CLAIM 654 - INTERMEDIATE CARE-LEVEL I-INTERIM-LAST CLAIM 655 - INTERMEDIATE CARE-LEVEL I-LATE CHARGE(S) ONLY CLAIM 657 - INTERMEDIATE CARE-LEVEL I-REPLACEMENT OF PRIOR CLAIM 658 - INTERMEDIATE CARE-LEVEL I-VOID/CANCEL OF PRIOR CLAIM	282NC0060X 282N00000X 283Q00000X	0902	NOT R – RATIO TO COST P – PER DIEM	61 - INSTITUTIONAL

Commented [DLM2]: Can you add a column for Claim Record Code? Someone will ask...

Commented [jer3R2]: Leslie, Claim record code is not part of this specific criteria in the system. I will however add it.

EDIT 00323 – REND PROV NUM CHECK

Effective Date: 07/01/2013

End Date:

Update Date: 07/01/20013

Disposition: DENY

EOB: 3523

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/07/2013)

HIPAA Remark: N290

HIPAA Status: 26

THE RENDERING PROVIDER NPI OR ATYPICAL PROVIDER ID IS NOT ON THE PROVIDER DATABASE.

EDIT 00325 – CMS TERMINATION

Effective Date: 2/3/2017

End Date:

Update Date: 2/3/2017

Disposition: DENY

EOB: 0911

HIPAA Adjustment Reason Code: 16, B7 (end-dated 10/31/2014)

HIPAA Remark: N257

HIPAA Status: 104

FOR THE DOS ON THE ENCOUNTER DETAIL, THE BILLING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS:

16 – PROVIDER IS TERMINATED DUE TO CMS OR OFFICE OF INSPECTOR GENERAL

OR

FOR THE DOS ON THE ENCOUNTER DETAIL, THE RENDERING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS:

16 – PROVIDER IS TERMINATED DUE TO CMS OR OFFICE OF INSPECTOR GENERAL

EDIT 00335 – ENCOUNTER PROVIDER NUMBER MISSING

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 1335

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N77 (end-dated 10/31/2014)

HIPAA Status: 132

THE MCO NUMBER WAS NOT SUPPLIED ON THE ENCOUNTER.

EDIT 00358 – FACTOR CODE INDICATES PROCEDURE NON-COVERED**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY-REPORT**EOB:** 1335**HIPAA Adjustment Reason Code:** 96**HIPAA Remark:** N56**HIPAA Status:** 457, 453

CLAIM TYPE	PRICING FACTOR CODE	DATES OF SERVICE
O - OUTPATIENT	E – NON-COVERED	WITHIN REVENUE CODE EFFECTIVE DATE RANGE
OR		
C – HEALTH DEPARTMENT D – DENTAL E – HEARING AID L – INDEPENDENT LABORATORY/X-RAY P – PROFESSIONAL S – DURABLE MEDICAL EQUIPMENT T – AMBULANCE V – CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES O – LOCAL EDUCATION AGENCIES 1 – HOME INFUSION THERAPY 2 – THERAPY SERVICES 5 – RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER 6 – PERSONAL CARE SERVICES 8 – INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY		

EDIT 00361 – NO CHARGES BILLED (referred to CSRA 02-14-17)

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0167

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: M54

HIPAA Status: 178

THE MEDICARE PAID AMOUNT AND THE MEDICARE ALLOWED AMOUNT SUBMITTED ARE BOTH 0.

EDIT 00365 – DRG DIAGNOSIS CAN'T BE PRINCIPLE DIAGNOSIS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 09275**HIPAA Adjustment Reason Code:** A8**HIPAA Remark:** N657 (end-dated 10/31/2014), MA130 (end-dated 10/31/2014)**HIPAA Status:** 488, 21

CLAIM TYPE	PROVIDER TAXONOMY	MEDIUM TYPE	DOCUMENT TYPE	DRG
A –MEDICARE (PART-A) CROSSOVER (INPATIENT)	NOT 31400000X 28200000X 275N00000X 313M00000X	2	M	469
OR				
I – INPATIENT				469
OR				
A –MEDICARE (PART-A) CROSSOVER (INPATIENT)	NOT 31400000X 28200000X 275N00000X 313M00000X	2	M	INDICATES THAT PRIMARY DIAGNOSIS IS INVALID FOR DRG
OR				
I – INPATIENT				INDICATES THAT PRIMARY DIAGNOSIS IS INVALID FOR DRG

EDIT 00371 – INVALID ICD PRINCIPAL DIAGNOSIS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9209

HIPAA Adjustment Reason Code: 146

HIPAA Remark: MA65

HIPAA Status: 256, 232, 21

THE CODE RETURNED FROM THE MCE PROGRAMS INDICATES THE PRIMARY DIAGNOSIS IS INVALID.

EDIT 00374 – PAYMENT ON FIRST ACCOMMODATION DETAIL

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9271

HIPAA Adjustment Reason Code: 45

HIPAA Remark: N381 (end-dated 10/31/2014), M50

HIPAA Status: 65, 455, 256

ON AN INPATIENT ENCOUNTER (CLAIM TYPE I) WHERE THE PROCEDURE CODE HAS A BASE AMOUNT SOURCE CODE OF DG (PRICED BY DRG PER DISCHARGE), THIS EDIT IS ASSIGNED TO ALL DETAILS WITH AN INTERNAL MODIFIER OF @A (ACCOMMODATION) OR @B (ANCILLARY, RENTAL) EXCEPT THE FIRST DETAIL.

EDIT 00613 – MISSING PRIMARY DIAGNOSIS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 3613

HIPAA Adjustment Reason Code: 16

HIPAA Remark: MA63

HIPAA Status: 254, 21

FIRST DIAGNOSIS CODE ON THE ENCOUNTER IS BLANKS.

EDIT 00686 – REPLACED TCN IS INVALID FOR ADJUSTMENT/VOID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 3686

HIPAA Adjustment Reason Code: 16, 129 (end-dated 10/31/2014)

HIPAA Remark: N152

HIPAA Status: 464

THE ENCOUNTER SUBMITTED IS EITHER A VOID OR ADJUSTMENT AND THE REPLACED TCN NUMBER
SUBMITTED IS BLANKS OR ZEROS

OR

THE ENCOUNTER SUBMITTED IS NOT A VOID OR ADJUSTMENT AND THE REPLACED TCN NUMBER SUBMITTED
IS NOT BLANKS OR ZEROS

EDIT 00701 – MISSING BILLING TAXONOMY CODE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 4701

HIPAA Adjustment Reason Code: 16

HIPAA Remark: N255

HIPAA Status: 145

THERE IS NO BILLING PROVIDER TAXONOMY SUBMITTED ON THE ENCOUNTER.

EDIT 01200 – INPATIENT CLAIM MUST HAVE ACCOMMODATION REVENUE CODE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9200

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: MA130 (end-dated 10/31/2014)

HIPAA Status: 21

FOR INPATIENT ENCOUNTERS (CLAIM TYPE 'I') WHERE THE HEADER SERVICE END DATE IS GREATER THAN THE HEADER SERVICE BEGIN DATE, THERE MUST BE AT LEAST ONE LINE THAT HAS EITHER INTERNAL MODIFIER @A (ACCOMMODATION) OR REVENUE CODE = '0902'

EDIT 01201 – MCE – ADMIT DATE EQUALS DISCHARGE DATE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 9201**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)**HIPAA Remark:** MA130 (end-dated 10/31/2014)**HIPAA Status:** 21

CLAIM TYPE	HEADER SERVICE FROM DATE	PROVIDER TAXONOMY	PATIENT STATUS
I - INPATIENT	EQUAL HEADER SERVICE TO DATE	NOT 282N00000X 283Q00000X 323P00000X	NOT 02 – TRANSFER TO A DRG HOSPITAL 05 – TRANSFERRED TO A CANCER CTR/CHILDREN HOSPITAL 20 – EXPIRED 43 – DISCHARGED TO FEDERAL HOSPITAL 50 – HOSPICE - HOME 51 – HOSPICE - MEDICAL FACILITY 65 – DISCHARGE/TRANSFER TO PSYCHIATRIC HOSPITAL 66 – DISCHARGE/TRANSFER TO CRITICAL ACCESS HOSPITAL 70 – DISCHARGE/TRANSFER TO ANOTHER HEALTH CARE INST

EDIT 01202 – MISSING OR INVALID ADMISSION AND DISCHARGE HOURS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 9269**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)**HIPAA Remark:** N50, N46**HIPAA Status:** 233, 230, 21

CLAIM TYPE	PROVIDER TAXONOMY	ENCOUNTER ADMISSION TIME – HOUR	ENCOUNTER DISCHARGE TIME – HOUR	PATIENT STATUS
I - INPATIENT	NOT 261Q00000X 261QE0700X 320800000X 251S00000X 251G00000X	NOT BETWEEN 00 AND 23	NOT BETWEEN 00 AND 23	NOT 30 – STILL A PATIENT/RESIDENT 31 – 39 – RESERVED BY NUBC

EDIT 01205 – PATIENT STATUS INVALID FOR TYPE OF BILL**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 9205**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)**HIPAA Remark:** MA43, MA30**HIPAA Status:** 256, 228 (end-dated 10/31/2014), 21

CLAIM TYPE	CHARGE MODE	TYPE OF BILL	PATIENT STATUS	PROVIDER TAXONOMY
I - INPATIENT	NOT R – RATIO COST TO CHARGE P – PER DIEM	111 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); ADMIT THRU DISCHARGE ENCOUNTER	30 – STILL A PATIENT/RESIDENT 31 – 39 – RESERVED BY NUBC 44 – 49 – RESERVED BY NUBC 52 – 60 – RESERVED BY NUBC 67 – 68 – RESERVED BY NUBC 73 – 80 – RESERVED BY NUBC 81 – 95 – DISCHARGE/TRANSFER 96 – 99 – RESERVED BY NUBC	NOT 283Q00000X 284300000X
OR				
I - INPATIENT	NOT R – RATIO COST TO CHARGE P – PER DIEM	112 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – FIRST ENCOUNTER	30 – STILL A PATIENT/RESIDENT 31 – 39 – RESERVED BY NUBC	NOT 283Q00000X 284300000X
OR				
I - INPATIENT	R – RATIO COST TO CHARGE P – PER DIEM	112 HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – FIRST ENCOUNTER	30 – STILL A PATIENT/RESIDENT	283Q00000X 284300000X

		113 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – CONTINUING ENCOUNTER		
OR				
I – INPATIENT	R – RATIO COST TO CHARGE P – PER DIEM	111 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); ADMIT THRU DISCHARGE ENCOUNTER 114 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – LAST ENCOUNTER	30 – STILL A PATIENT/RESIDENT 31 – 39 – RESERVED BY NUBC 44 – 49 – RESERVED BY NUBC 52 – 60 – RESERVED BY NUBC 67 – 68 – RESERVED BY NUBC 73 – 80 – RESERVED BY NUBC 81 – 95 – DISCHARGE/TRANSFER 96 – 99 – RESERVED BY NUBC	283Q00000X 284300000X

EDIT 01209 – MCE – INVALID PATIENT STATUS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0135**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)**HIPAA Remark:** MA43**HIPAA Status:** 90, 431, 21

CLAIM TYPE	PATIENT STATUS CODE
I – INPATIENT	NOT
A – MEDICARE PART A CROSSOVER (INPATIENT)	01 – DISCHARGE / TRANSFER TO HOME/SELF CARE 02 – TRANSFER TO A DRG HOSPITAL 03 – DISCHARGE / TRANSFER TO SKILLED NURSING FACILITY 04 – DISCHARGE/TRANSFER TO INTER CARE FACILITY/HRF 05 – TRANSFERRED TO A CANCER CTR/CHILDREN HOSPITAL 06 – DISCHARGE TO HOME UNDER CARE OF HOME HEALTH ORG. 07 – LEFT AGAINST MEDICAL ADVICE 20 – EXPIRED 30 – STILL A PATIENT/RESIDENT 61 – TRANSFER WITHIN FACILITY – MDCR SWING BED 62 - DISCHARGE/TRANSFER TO INPATIENT REHAB FACILITY 63 - DISCHARGE/TRANSFER TO MCARE LTC HOSPITAL 64 - DISCHARGE/TRANSFER TO SNF CERTIFIED UNDER MCAID 70 - DISCHARGE/TRANSFER TO ANOTHER HEALTH CARE INST

EDIT 01757 – DIAGNOSIS NON-SPECIFIC

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 1757

HIPAA Adjustment Reason Code: 146

HIPAA Remark: M76

HIPAA Status: 255, 21

**DIAGNOSIS CODE ON CLAIM
IN NCTRACKS**

LISTED AS UNSPECIFIED

EDIT 01792 – ED SUPPLIES INCLUDED IN PER DIEM**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 01792**HIPAA Adjustment Reason Code:** 96, M2 (end-dated 9/24/2015)**HIPAA Remark:** M2 (end-dated 9/24/2015), 96**HIPAA Status:** 735

CLAIM TYPE	LIVING ARRANGEMENT	PROCEDURE CODE
O – OUTPATIENT P – PROFESSIONAL S – DME	50 – SNF – SKILLED NURSING FACILITY 58 – ICF – INTERMEDIATE CARE FACILITY	IN LIST 4500

List 4500

A4217	A4456	A6436	A6450	E0100	E0135	E0186
A4300	A4458	A6438	A6451	E0105	E0140	E0188
A4314	A4554	A6441	A6452	E0110	E0141	E0189
A4315	A4565	A6442	A6453	E0111	E0143	E0276
A4316	A4570	A6443	A6454	E0112	E0144	E0305
A4320	A4615	A6444	A6455	E0113	E0147	E0310
A4357	A4624	A6445	A7000	E0114	E0148	E0316
A4358	A4626	A6446	A7027	E0116	E0149	E0325
A4362	A4860	A6447	A7525	E0117	E0153	E0326
A4213	A4930	A6448	A7526	E0118	E0154	K0001
A4215	A6434	A6449	A9273	E0130	E0155	

EDIT 03200 – MCE – INVALID ICD CM PROCEDURE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9243

HIPAA Adjustment Reason Code: 16, 181 (end-dated 10/31/2014)

HIPAA Remark: MA66

HIPAA Status: 465, 256, 21

THE ICD PRINCIPAL PROCEDURE CODE IS INVALID ON AN INPATIENT (CLAIM TYPE I) OR MEDICARE PART A CROSSOVER – INPATIENT (CLAIM TYPE A) ENCOUNTER.

EDIT 03405 – HISTORY CLAIM CANNOT BE ADJUSTED/VOIDED

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 3405

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N152, MA130 (end-dated 10/31/2014)

HIPAA Status: 495, 1

THE ORIGINAL ENCOUNTER THAT IS TO BE VOIDED OR ADJUSTED IS NOT IN A PAID STATUS OR LAST CHARACTER OF TCN TO BE ADJUSTED/VOIDED IS '1'.

EDIT 03406 – HISTORY RECORD NOT FOUND FOR ADJUSTMENT/VOID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 4102

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N152, MA130 (end-dated 10/31/2014)

HIPAA Status: 495, 1

THE ORIGINAL ENCOUNTER TCN THAT IS TO BE VOIDED OR ADJUSTED DOES NOT EXIST IN NCTRACKS

EDIT 03407 – BILLING PROVIDER DOES NOT MATCH HISTORY RECORD FOR ADJUSTMENT/VOID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 4103

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: N152, MA130 (end-dated 10/31/2014)

HIPAA Status: 495, 1

THE ORIGINAL ENCOUNTER TCN THAT IS TO BE VOIDED OR ADJUSTED DOES NOT EXIST IN NCTRACKS FOR THE BILLING PROVIDER SUBMITTED ON THE ENCOUNTER

EDIT 04200 – MCE – ADMITTING DIAGNOSIS CODE MISSING

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9207

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: MA130 (end-dated 10/31/2014)

HIPAA Status: 488, 21

THE ADMITTING DIAGNOSIS IS MISSING ON AN INPATIENT (I) ENCOUNTER.

EDIT 04201 – MCE – PRINCIPAL DIAGNOSIS CODE MISSING

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9208

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: MA130 (end-dated 10/31/2014)

HIPAA Status: 488, 21

THE PRINCIPAL DIAGNOSIS IS MISSING ON AN INPATIENT (I) ENCOUNTER.

EDIT 04202 – MCE – ADMITTING DIAGNOSIS INVALID (referred to CSRA 02-15-17)

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9209

HIPAA Adjustment Reason Code: 146

HIPAA Remark: MA65

HIPAA Status: 256, 232, 21

THE ADMITTING DIAGNOSIS SUBMITTED ON A DURABLE MEDICAL EQUIPMENT (S) ENCOUNTER IS INVALID.

EDIT 04206 – MCE – MANIFESTATION CODE AS PRINCIPAL DIAGNOSIS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9238

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: MA130 (end-dated 10/31/2014)

HIPAA Status: 488, 21

THE PRINCIPAL DIAGNOSIS SUBMITTED ON INPATIENT (I) ENCOUNTER IS A MANIFESTATION DIAGNOSIS. A MANIFESTATION DIAGNOSIS IDENTIFIES THE MANIFESTATION/SYMPTOM OF THE DISEASE AND NOT THE DISEASE ITSELF. THESE SHOULD NOT BE USED AS PRINCIPAL DIAGNOSIS CODES.

EDIT 04207 – MCE – E-CODE AS PRINCIPAL DIAGNOSIS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9239

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: MA130 (end-dated 10/31/2014)

HIPAA Status: 488, 21

THE PRINCIPAL DIAGNOSIS SUBMITTED ON INPATIENT (I) ENCOUNTER IS AN EXTERNAL CAUSE CODE. THESE DESCRIBE THE CIRCUMSTANCE CAUSING AN INJURY AND NOT THE INJURY ITSELF. THESE SHOULD NOT BE USED AS PRINCIPAL DIAGNOSIS CODES. IN ICD-9, THESE CODES STARTED WITH E. IN ICD-10 THEY START WITH V, W, X, AND Y.

EDIT 04208 – MCE – UNACCEPTABLE PRIN DIAG

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9240

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: MA130 (end-dated 10/31/2014)

HIPAA Status: 488, 21

CLAIM TYPE	PRINCIPAL DIAGNOSIS
I – INPATIENT	NOT VALID
A – MCARE - PTA	

EDIT 04210 – MCE – DUPLICATE OF PRINCIPAL DIAGNOSIS – OTHER DIAGNOSIS 2

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 9242

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)

HIPAA Remark: M64

HIPAA Status: 488, 256, 21

THE PRINCIPAL DIAGNOSIS SUBMITTED ON AN INPATIENT (I) OR MEDICARE PART A INPATIENT CROSSOVER (A) ENCOUNTER IS THE SAME AS ONE OF THE SECONDARY DIAGNOSIS CODE ENTERED

EDIT 07001 – TAXONOMY CODE FOR ATTENDING OR RENDERING PROVIDER MISSING**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 3101**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)**HIPAA Remark:** N251**HIPAA Status:** 145, 21

CLAIM TYPE	RNDERING PROVIDER TAXONOMY	ATTENDING PROVIDER TAXONOMY	REVENUE CODE
P - PROFESSIONAL	BLANKS		
OR			
P – PROFESSIONAL	ON LIST 4508		
OR			
G – HOSPICE		BLANKS	0658 0659

List 4508

261QM0855X	261QH0100X	193400000X	1223D00000X
261QP0905X	261QF0400X087010	207P00000X	193200000X
261QP2300X	261QF0400X089010	261QF0050X	
261QR1300X022075	261QM0850X	261QF0050X056060	
261QR1300X083075	261QF0400X083010	261QC1500X	
261QR1300X084075	261QF0400X034010	251S00000X	
261QR1300X087075	261QF0400X024010	251S00000X112116	
261QR1300X089075	261QF0400X022010	251S00000X074113	

EDIT 07011 – BILLING PROVIDER MUST BE ENROLLED FOR BILLING TAXONOMY CODE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 3102**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)**HIPAA Remark:** N255**HIPAA Status:** 145, 21

CLAIM TYPE	BILLING PROVIDER TAXONOMY
C – HEALTH DEPARTMENTS E – HEARING AID L – INDEPENDENT LABORATORY/XRAY P – PROFESSIONAL S – DURABLE MEDICAL EQUIPMENT T – AMBULANCE X – OPTICAL 1 – HOME INFUSION THERAPY 2 – THERAPY SERVICES 5 – RURAL HEALTH CLINIC/FQHCSSD 8 – INDEP DIAG TESTING FACILITY / PORTABLE XRAY Y – UNDEFINED PROFESSIONAL B – MEDICARE PART B V – CHILDREN'S DEVELOPMENTAL SERV-AGENCIES O – LOCAL EDUCATION AGENCIES K – PRIVATE DUTY NURSE 6 – PERSONAL CARE SERVICES F – NURSING HOME G – HOSPICE H – HOME HEALTH I – INPATIENT N – ADULT CARE HOMES O – OUTPATIENT 3 – INSTITUTIONAL AMBULANCE Z – UNDEFINED INSTITUTIONAL A – MEDICARE PART A CROSSOVER (INPATIENT) U - MEDICARE PART B CROSSOVER UB (OUTPATIENT) Q – MENTAL HEALTH	BLANK, NOT PRESENT OR NOT ACTIVE

EDIT 07012 – RENDERING PROVIDER MUST BE ENROLLED FOR RENDERING TAXONOMY CODE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 03100**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)**HIPAA Remark:** N288**HIPAA Status:** 145, 21

CLAIM TYPE	RENDERING PROVIDER TAXONOMY
C – HEALTH DEPARTMENTS E – HEARING AID L – INDEPENDENT LABORATORY/XRAY P – PROFESSIONAL S – DURABLE MEDICAL EQUIPMENT T – AMBULANCE X – OPTICAL 1 – HOME INFUSION THERAPY 2 – THERAPY SERVICES 5 – RURAL HEALTH CLINIC/FQHCSSD 8 – INDEP DIAG TESTING FACILITY / PORTABLE XRAY Y – UNDEFINED PROFESSIONAL B – MEDICARE PART B V – CHILDREN'S DEVELOPMENTAL SERV-AGENCIES O – LOCAL EDUCATION AGENCIES K – PRIVATE DUTY NURSE 6 – PERSONAL CARE SERVICES	BLANK, NOT PRESENT OR NOT ACTIVE

EDIT 07013 – ATTENDING TAXONOMY MUST BE ENROLLED**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 3101**HIPAA Adjustment Reason Code:** 16**HIPAA Remark:** M86**HIPAA Status:** 26

ATTENDING PROVIDER TAXONOMY
SPACES
TAXONOMY STATUS NOT '001' FOR CLAIM
HEADER DATES OF SERVICE

CLAIM TYPE	ATTENDING PROVIDER TAXONOMY
C – HEALTH DEPARTMENTS L – INDEPENDENT LABORATORY/XRAY P – PROFESSIONAL S – DURABLE MEDICAL EQUIPMENT 2 – THERAPY SERVICES 5 – RURAL HEALTH CLINIC/FQHCSSD Y – UNDEFINED PROFESSIONAL B – MEDICARE PART B O – LOCAL EDUCATION AGENCIES K – PRIVATE DUTY NURSE 6 – PERSONAL CARE SERVICES F – NURSING HOME H – HOME HEALTH I – INPATIENT N – ADULT CARE HOMES O – OUTPATIENT Z – UNDEFINED INSTITUTIONAL A – MEDICARE PART A CROSSOVER (INPATIENT) U - MEDICARE PART B CROSSOVER UB (OUTPATIENT) Q – MENTAL HEALTH	BLANK, NOT PRESENT OR NOT ACTIVE

EDIT 13320 – DUPLICATE-SAME PROVIDER/BILLED AMT/DOS/PROCEDURE CODE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0460

HIPAA Adjustment Reason Code: 97, 18 (end-dated 10/31/2014)

HIPAA Remark: M86

HIPAA Status: 54

THE CURRENT OUTPATIENT ENCOUNTER HAS DUPLICATE DETAILS (SAME PROCEDURE CODE, REVENUE CODE, FIRST DATE OF SERVICE AND ENDING DATE OF SERVICE, AMOUNT BILLED, AND BILLING PROVIDER) AS A HISTORY ENCOUNTER

AND

THE REVENUE CODE ON THE CURRENT ENCOUNTER IS NOT

List 9841

250	254	258	636
251	255	259	
252	256	634	
253	257	635	

EDIT 34460 – SEVERE DUPLICATE; SAME RENDERING PROV/PCODE/INTERNAL MODIFIER/DOS/MODIFIER

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 5404

HIPAA Adjustment Reason Code: 97, 18 (end-dated 10/31/2014)

HIPAA Remark: M86

HIPAA Status: 54, 250

THE CURRENT ENCOUNTER DETAIL CONTAINS THE SAME PROCEDURE CODE-MODIFIER, DATE OF SERVICE RANGE, AND RENDERING PROVIDER AS AN ENCOUNTER DETAIL IN HISTORY

AND

THE CURRENT ENCOUNTER DOES NOT HAVE A MODIFIER NOT IN THIS LIST

List 164

51	74	LC	QZ
53	76	LD	RC
55	77	QK	
59	79	QX	
73	AA	QY	

AND THE ENCOUNTER DOES HAVE A MODIFIER IN THIS LIST.

List 168

E1	F4	T1	62
E2	F5	T2	66
E3	F6	T3	
E4	F7	T4	
E5	F8	T5	
FA	F9	T6	
F1	LT	T7	
F2	RT	T8	
F3	TA	T9	

AND

THE HISTORY ENCOUNTER TYPE IS ON THIS LIST

List 9530

C	S	5
E	V	6
K	0	8
L	1	
P	2	

EDIT 13420 – SUSPECT DUPLICATE-OVERLAPPING DATES OF SERVICE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0472

HIPAA Adjustment Reason Code: 97, 18 (end-dated effective 10-31-2014)

HIPAA Remark: M86

HIPAA Status: 54

THE CURRENT MENTAL HEALTH OR INPATIENT ENCOUNTER HAS DUPLICATE DETAILS (TRANSACTION CONTROL NUMBER, HEADER FIRST DATE OF SERVICE AND HEADER ENDING DATE OF SERVICE) AS A HISTORY
ENCOUNTER

AND

THE CURRENT DISCHARGE DATE EQUALS HISTORY HEADER FROM-DATE-OF-SERVICE
THE HISTORY DISCHARGE DATE EQUALS CURRENT HEADER FROM DATE-OF-SERVICE

OR

History Claim Type Within L_1758

Current Transaction Control Number Equal to History Transaction Control Number

Current Claim Type Equal to "O"

Current Detail First Date of Service Less Than or Equal to History Header to Date of Service

Current Detail to Date of Service Greater Than or Equal to History Header from Date Of Service

History Discharge Date Equal to Current Detail First Date of Service

EDIT 13460 – POSSIBLE DUPLICATE-SAME PROVIDER/PX/DOS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0480**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT DETAIL MODIFIER	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM/TO DATES OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL ADJUDICATION PROCEDURE CODE	CURRENT DETAIL PROCEDURE CODE
C,E,K,L,M,P, S,V,0,1,2,4, 5,6,8	AA, AD, QK, QS, QY, QZ	HISTORY BILLING PROVIDER	HISTORY DETAIL FROM/TO DATES OF SERVICE	HISTORY DETAIL PROCEDURE CODE	CURRENT DETAIL ADJUDICATION PROCEDURE CODE	HISTORY DETAIL ADJUDICATION PROCEDURE CODE	J3490, J3590, J7199, J9999, J7342, J2840, J9295, J9325
AND							
CURRENT DRUG CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT DETAIL RENDERING PROVIDER TAXONOMY		CURRENT DETAIL RENDERING PROVIDER	CURRENT TCN	CURRENT BILLING TAXONOMY QUALIFIER
HISTORY DRUG CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL RENDERING PROVIDER TAXONOMY		HISTORY DETAIL RENDERING PROVIDER	HISTORY TCN	074

EDIT 13470 – LESS SEVERE DUPLICATE-OUTPATIENT**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0481**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT TCN	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL REVENUE CODE
O - OUTPATIENT	HISTORY TCN	HISTORY BILLING PROVIDER	LESS THAN OR EQUAL HISTORY DETAIL TO DATE OF SERVICE	GREATER OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL REVENUE CODE
AND							
CURRENT ADMIT HOUR	CURRENT ADMIT HOUR	HISTORY ADMIT HOUR	CURRENT ADMIT HOUR	HISTORY ADMIT HOUR			
HISTORY ADMIT HOUR POST AUDIT AT DETAIL	LESS THAN OR EQUAL 0000 POST AUDIT AT DETAIL	LESS THAN OR EQUAL 0000 POST AUDIT AT DETAIL	GREATER THAN OR EQUAL 2400 POST AUDIT AT DETAIL	GREATER THAN OR EQUAL 2400 POST AUDIT AT DETAIL			

EDIT 13480 – POSSIBLE DUPLICATE SAME PROVIDER OVERLAP DATE OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0482**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT TCN	CURRENT BILLING PROVIDER	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE	CURRENT HEADER FROM DATE OF SERVICE
I - INPATIENT	HISTORY TCN	HISTORY BILLING PROVIDER	LESS THAN EQUAL HISTORY HEADER TO DATE OF SERVICE	GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE	CURRENT DISCHARGE DATE	HISTORY DISCHARGE DATE

EDIT 13490 – POSSIBLE DUPLICATE SAME PROVIDER DATE OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0483**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT TCN	CURRENT BILLING PROVIDER	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE		
I – INPATIENT A - MEDICARE PART A- INPATIENT CROSSOVER	HISTORY TCN	HISTORY BILLING PROVIDER	EQUAL HISTORY HEADER FROM DATE OF SERVICE	EQUAL HISTORY HEADER TO DATE OF SERVICE		

EDIT 13500 – POSSIBLE DUPLICATE SAME PROVIDER DATE OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0484**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

CURRENT UB CONDITION CODES	HISTORY CLAIM TYPE	HISTORY UB CONDITION CODES	HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE
89 D9	3 - Institutional Ambulance	89 D9	3 - T -	HISTORY BILLING PROVIDER	EQUAL HISTORY DETAIL FROM DATE OF SERVICE	EQUAL HISTORY DETAIL TO DATE OF SERVICE

EDIT 13510 – POSSIBLE DUPLICATE SAME PROVIDER OVERLAPPING DATES OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0485**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE
B -	HISTORY BILLING PROVIDER	LESS OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE	GREATER OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE

EDIT 13580 – DUPLICATE SAME PROVIDER, BILLED AMOUNT AND DATES OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0492**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

CURRENT TCN	CURRENT BILLING PROVIDER	HISTORY CLAIM TYPE	HISTORY CLAIM TYPE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	CURRENT DISCHARGE DATE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER BILLED AMOUNT
HISTORY TCN	HISTORY BILLING PROVIDER	A, F, I, U	CURRENT CLAIM TYPE	HISTORY HEADER DROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE	EQUAL HISTORY DETAIL FROM DATE OF SERVICE	EQUAL HISTORY HEADER BILLED AMOUNT

EDIT 13590 – DUPLICATE SAME PROVIDER, BILLED AMOUNT AND DATES OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0493**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

CURRENT TCN	CURRENT BILLING PROVIDER	HISTORY CLAIM TYPE	HISTORY CLAIM TYPE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	CURRENT HEADER BILLED AMOUNT
HISTORY TCN	HISTORY BILLING PROVIDER	A, F, I, U	CURRENT CLAIM TYPE	HISTORY HEADER DROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE	EQUAL HISTORY HEADER BILLED AMOUNT

EDIT 25980 – EXACT DUPLICATE SAME DATES OF SERVICE, ADMIT HOUR AND SAME NDC NUMBER

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 1998

HIPAA Adjustment Reason Code: 97, 18 (end-dated effective 10-31-2014)

HIPAA Remark: N20

HIPAA Status: 54, 218

CURRENT DRUG CODE	HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT ADMIT HOUR	CURRENT DRUG CODE
SPACES	O	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	EQUAL HISTORY ADMIT HOUR	EQUAL HISTORY DRUG CODE

HIGHLIGHTED DRUG CODE EXPRESSION IS AN INITIAL CHECK FOR PRESENCE OF NDC ON CLAIM. EXITS EDIT IF SPACES

EDIT 34420 – EXACT DUPLICATE SAME DATES OF SERVICE, PROCEDURE CODE/MODIFIER, BILLED AMOUNT

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0021

HIPAA Adjustment Reason Code: 97, 18 (end-dated effective 10-31-2014)

HIPAA Remark: M86

HIPAA Status: 54

CURRENT INTERNAL MODIFIER
@2, @3, @A

CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL MODIFIER	CURRENT CLAIM TYPE	HISTORY CLAIM TYPE	HISTORY INTERNAL MODIFIER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL RENDERING PROVIDER	CURRENT DETAIL BILLED AMOUNT
HISTORY DETAIL PROCEDURE CODE	HISTORY DETAIL MODIFIER	I - INPATIENT	I - INPATIENT P - ADD SYSTEM LIST 34420 TO EDIT	CURRENT INTERNAL MODIFIER	LESST OR EQUAL HISTORY DETAIL TO DATE OF SERVICE	GREATER OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL RENDERING PROVIDER	HISTORY DETAIL BILLED AMOUNT

AND

CURRENT BILLING PROVIDER	HISTORY TCN	
HISTORY BILLING PROVIDER	CURRENT TCN	

HIGHLIGHTED DRUG CODE EXPRESSION IS AN INITIAL CHECK FOR PRESENCE OF NDC ON CLAIM. EXITS EDIT IF SPACES

EDIT 34490 – EXACT DUPLICATE – SAME PROCEDURE CODE/INTERNAL MODIFIER/DATES OF SERVICE/AMOUNT BILLED/PROVIDER/TCN

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 5405

HIPAA Adjustment Reason Code: 97, 18 (end-dated effective 10-31-2014)

HIPAA Remark: M86

HIPAA Status: 54, 250

HISTORY CLAIM TYPE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT TCN	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL RENDERING PROVIDER	CURRENT HEADER BILLED AMOUNT
P	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY TCN	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL RENDERING PROVIDER	EQUAL HISTORY HEADER BILLED AMOUNT

EDIT 34550 – SEVERE DUPLICATE – SAME PROCEDURE CODE/INTERNAL MODIFIER/DATES OF SERVICE/TCN

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 5410

HIPAA Adjustment Reason Code: 97, 18 (end-dated effective 10-31-2014)

HIPAA Remark: M86

HIPAA Status: 54, 250

HISTORY CLAIM TYPE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT TCN	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL RENDERING PROVIDER	CURRENT BILLING PROVIDER
P	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY TCN	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL RENDERING PROVIDER	EQUAL HISTORY BILLING PROVIDER

EDIT 39360 – SUSPECT DUPLICATE – OVERLAPPING DATES OF SERVICE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0469

HIPAA Adjustment Reason Code: 97, 18 (end-dated effective 10-31-2014)

HIPAA Remark: M86

HIPAA Status: 54

HISTORY CLAIM TYPE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	HISTORY BILLING PROVIDER TAXONOMY	CURRENT HEADER FROM DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE
F	LESS OR EQUAL HISTORY HEADER TO DATE OF SERVICE	GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE	323P00000X	HISTORY DISCHARGE DATE	CURRENT DISCHARGE DATE

EDIT 39380 – SUSPECT DUPLICATE – OVERLAPPING DATES OF SERVICE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0901

HIPAA Adjustment Reason Code: 45

HIPAA Remark:

HIPAA Status: 104

HISTORY CLAIM TYPE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	HISTORY BILLING PROVIDER TAXONOMY	CURRENT HEADER FROM DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE
F	LESS OR EQUAL HISTORY HEADER TO DATE OF SERVICE	GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE	323P0000X	HISTORY DISCHARGE DATE	CURRENT DISCHARGE DATE

EDIT 49459 – PROCEDURE CODE UNIT LIMIT

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 7003

HIPAA Adjustment Reason Code: 119

HIPAA Remark: M86

HIPAA Status: 612, 259

PRIMARY CRITERIA:

THIS IS A CUTBACK AUDIT. PLEASE SEE THE CRITERIA PAGE FOR AUDIT 49450 TO VIEW THE CRITERIA THAT CAUSED THIS AUDIT TO SET. WHEN A CLAIM MEETS THE CRITERIA FOR AUDIT 49450, AND CAUSES THE LIMIT TO BE EXCEEDED, THE CUTBACK WILL BE MADE AND THIS AUDIT WILL POST AS A PAY AND REPORT AUDIT.

EDIT 53800 – DUPLICATE SERVICE OR PROCEDURE CODE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0021**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT PRIMARY DETAIL MODIFIER	CURRENT DETAIL BILLED AMOUNT	CURRENT DETAIL RENDERING PROVIDER
C,E,K,L,P,S, V,0,1,2,5,6, 8	HISTORY BILLING PROVIDER	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY PRIMARY DETAIL MODIFIER	HISTORY DETAIL BILLED AMOUNT	HISTORY DETAIL RENDERING PROVIDER

EDIT 53810 – DUPLICATE SERVICE OR PROCEDURE CODE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0021**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL REVENUE CODE	CURRENT DETAIL BILLED AMOUNT	CURRENT DETAIL RENDERING PROVIDER
O, N	HISTORY BILLING PROVIDER	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL REVENUE CODE	HISTORY DETAIL BILLED AMOUNT	HISTORY DETAIL RENDERING PROVIDER

EDIT 53820 – DUPLICATE SERVICE OR PROCEDURE CODE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 0021

HIPAA Adjustment Reason Code: 97, 18 (end-dated effective 10-31-2014)

HIPAA Remark: M86

HIPAA Status: 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE
I	HISTORY BILLING PROVIDER	HISTORY HEADER FROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE

EDIT 53830 – DUPLICATE SERVICE OR PROCEDURE CODE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** DENY**EOB:** 0021**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)**HIPAA Remark:** M86**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE
I	HISTORY BILLING PROVIDER	HISTORY HEADER FROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE

EDIT 53880 – LIMIT OF 24 UNITS PER DAY

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 7104

HIPAA Adjustment Reason Code: 96, A1 (end-dated 10/31/2014)

HIPAA Remark: N362

HIPAA Status: 486

THE CURRENT AND HISTORY ENCOUNTER CONTAIN THE SAME PROCEDURE CODE AND IT IS ONE OF THE FOLLOWING

List 15933

H2012	96111
H2035	96116
96101	96118

AND

THE HISTORY ENCOUNTER HAS CLAIM TYPE

List 15932

C	2
K	5
P	6
V	

AND

THE CURRENT AND HISTORY ENCOUNTERS HAVE THE SAME DATE OF SERVICE

AND

THE TOTAL NUMBER OF UNITS FOR THE HISTORY AND CURRENT ENCOUNTER ARE MORE THAN 24

EDIT 53890 – LIMIT OF 96 UNITS PER DAY

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 7104

HIPAA Adjustment Reason Code: 96, A1 (end-dated 10/31/2014)

HIPAA Remark: N362

HIPAA Status: 486

THE HISTORY CLAIM TYPE IS

List 15932

C	2
K	5
P	6
V	

THE CURRENT AND HISTORY ENCOUNTER CONTAIN THE SAME PROCEDURE CODE AND IT IS ONE OF THE FOLLOWING

List 15934

H0001	H0031	H2025
H0004	H2011	
H0005	H2015	
H0014	H2017	

AND

THE CURRENT AND HISTORY ENCOUNTERS HAVE THE SAME DATE OF SERVICE

AND

THE CURRENT AND HISTORY DETAIL MODIFIERS ARE CONTAINED IN THIS LIST

List 15935

2
US
U4

AND
THE TOTAL NUMBER OF UNITS FOR THE HISTORY AND CURRENT ENCOUNTER ARE MORE THAN 96

EDIT 53900 – LIMIT OF 96 UNITS PER DAY

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: DENY

EOB: 7104

HIPAA Adjustment Reason Code: 96, A1 (end-dated 10/31/2014)

HIPAA Remark: N362

HIPAA Status: 486

THE HISTORY CLAIM TYPE IS

List 15932

C	2
K	5
P	6
V	

AND

THE CURRENT AND HISTORY ENCOUNTER CONTAIN THE SAME PROCEDURE CODE (S5150) WITH THE SAME VALID INTERNAL MODIFIER

AND

THE CURRENT AND HISTORY

THE CURRENT AND HISTORY ENCOUNTERS HAVE THE SAME DATE(S) OF SERVICE

AND

THE TOTAL NUMBER OF UNITS FOR THE HISTORY AND CURRENT ENCOUNTER ARE MORE THAN 96

PAY/REPORT EDIT SECTION

EDIT 00006 – DISCHARGE DATE INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0135**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** M43**HIPAA Status:** 90, 431, 21

CLAIM TYPE	DISCHARGE DATE	PATIENT STATUS
INSTITUTIONAL AND NOT I – INPATIENT F – NURSING HOME H – HOME HEALTH N – ADULT CARE HOMES	0001-01-01	NOT 30 – STILL A PATIENT/RESIDENT
OR		
INSTITUTIONAL	NOT 0001-01-01 AND <> TO-DATE OF SERVICE	

EDIT 00007 – TOT DAYS CLM GREATER THAN BILL PERIOD

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0080

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/07/2013)

HIPAA Remark: N345, M53

HIPAA Status: 258

IF CLAIM-TYPE IS F (NURSING), I (INPATIENT) OR Q (MENTAL HEALTH)

AND

PATIENT-STATUS IS 30 (STILL A PATIENT)

AND

HEADER-TO-DATE-OF-SERVICE (+1) LESS THE HEADER FROM-DATE-OF-SERVICE IS NOT EQUAL TO SUM OF COVERED DAYS AND NON-COVERED DAYS

OR

PATIENT-STATUS IS NOT 30 (STILL A PATIENT)

AND

ADMISSION-DATE IS EQUAL TO HEADER-TO-DATE-OF-SERVICE AND DIFFERENCE BETWEEN HEADER-FROM-DATE-OF-SERVICE AND HEADER-TO-DATE-OF-SERVICE (+1) <> SUM OF COVERED DAYS + NON-COVERED DAYS

OR

PATIENT-STATUS IS NOT 30 (STILL A PATIENT)

AND

ADMISSION-DATE IS NOT EQUAL TO HEADER-TO-DATE-OF-SERVICE AND DIFFERENCE BETWEEN HEADER-FROM-DATE-OF-SERVICE AND HEADER-TO-DATE-OF-SERVICE <> SUM OF COVERED DAYS + NON-COVERED DAYS

EDIT 00030 – ADMIT SRC CD INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0319**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** MA42**HIPAA Status:** 229, 21

CLAIM TYPE	ADMISSION SOURCE CODE	ADMISSION TYPE
I – INPATIENT	A – TRANSFER FROM A CRITICAL ACCESS HOSPITAL 3 – HMO REFERRAL	
OR		
I – INPATIENT O - OUTPATIENT	NOT 5 – TRANSFER FROM SKILLED NURSING FACILITY 6 – TRANSFER FROM ANOTHER FACILITY	4 - NEWBORN

EDIT 00031 – VALUE CODE/AMT MISSING OR INVLD**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0439**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** MA49**HIPAA Status:** 726, 21, 123

CLAIM TYPE	VALUE CODE	VALUE AMOUNT
I – INPATIENT	14, 41-43, 47-49, A1, B1, B2, C1, C2	0

EDIT 00051 – PATIENT STATUS CODE INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0135**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** MA43**HIPAA Status:** 90, 431, 21

CLAIM TYPE	CLAIM PATNT STATUS CODE	BILLED AMOUNT	TYPE OF BILL (1-2)
I – INPATIENT	09 – ADMITTED INPNT HOSPITAL 40 – EXPIRED AT HOME 41 – EXPIRED AT MED/FAC 42 – EXPIRED – PLACE UNKNOWN 43 – DISCHARGED TO FEDRL HOSP 50 – HOSPICE-HOME 51 – HOSP MED FAC 65 – DISCHRG TRSNFR TO PSYCH HOSP 66 – DISCHRG/TRANSFR TO CRITCL ACCESS HOSP	0	
OR			
F – NURSING HOME N – ADULT CARE HOME	43 – DISCHARGED TO FEDRL HOSP 50 – HOSPICE-HOME 51 – HOSP MED FAC 65 – DISCHRG TRSNFR TO PSYCH HOSP 66 – DISCHRG/TRANSFR TO CRITCL ACCESS HOSP		
OR			
G – HOSPICE H – HOME HEALTH	43 – DISCHARGED TO FEDRL HOSP 50 – HOSPICE-HOME 51 – HOSP MED FAC 65 – DISCHRG TRSNFR TO PSYCH HOSP 66 – DISCHRG/TRANSFR TO CRITCL ACCESS HOSP		NOT 33 – HOME HEALTH-OUTPATIENT

EDIT 00055 – TOTAL BILLED INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0237**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** M54**HIPAA Status:** 187, 21

MEDIUM TYPE	HEADER TOTAL BILLED	
1 – PROVIDER PORTAL	NOT EQUAL	
2 – ECS BATCH	SUM OF ALL LINE CHARGES	
3 – PHARMACY POS	OR	
4 – SYSTEM GENERATED	NOT EQUAL	
	SUM OF ALL LINE CHARGES	

EDIT 00073 – PROC CODE/MOD END-DTE ON FILE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0537

HIPAA Adjustment Reason Code: 96

HIPAA Remark: N56, N301

HIPAA Status: 457, 453

THE PROCEDURE CODE BEGIN AND END DATE WERE NOT VALID (IN NCTRACKS) AT TIME OF SERVICE.

EDIT 00076 – OCC DTE INVLD FOR SUB OCC CODE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0438

HIPAA Adjustment Reason Code: 22

HIPAA Remark: MA04

HIPAA Status: 720, 116

HEADER ID CODE	UB OCCURRENCE CODE	UB OCCURRENCE CODE DATE
61 – INSTITUTIONAL	GREATER THAN ZEROES	INVALID

EDIT 00106 – UNABLE TO DETERMINE MEDICARE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 2148**HIPAA Adjustment Reason Code:** 16, 148 (enddated 10/2014)**HIPAA Remark:** N480, N131 (end-dated Oct 2014), MA92 (end dated 6/2013)**HIPAA Status:** 400, 286, 279

CLAIM TYPE	TTL_TPL_AMT	MEDICARE PAID AMOUNT	HEADER ALLOWED AMOUNT
G – HOSPICE H – HOME HEALTH O - OUTPATIENT	GREATER THAN 0	GREATER THAN 0	GREATER THAN 0

EDIT 00117 – ONLY ONE DOS ALLOWED PER LINE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 1170

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/07/2013)

HIPAA Remark: M53

HIPAA Status: 453, 258

CLAIM TYPE	CLAIM HISTORY PROCEDURE LIMIT TABLE	LINE_BEGIN DATE OF SERVICE
NOT R – DRUG	ACTIVE ROW FOUND	NOT EQUAL LINE END DATE OF SERVICE

EDIT 00135 – INVL POS INDEP MENT HLTH PROV**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0036**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** M77**HIPAA Status:** M50, MA30

CLAIM TYPE	RENDERING PROVIDER TAXONOMY AND QUAL	PLACE OF SERVICE
P - PROFESSIONAL	106H00000X 103T00000X/109109 1041C0700X 01YM0800X 101YP2500X 364SP0808X 364SP0809X/109111 364SP0807X 364SP0810X 364SP0811X 364SP0812X 364SP0813X 363LP0808X 103T00000X/109128 101YA0400X 101YP2500X	01 - PHARMACY 09 - PRISON/CORRECTIONAL FACILITY 41 - AMBULANCE/ LAND 42 - AMBULANCE/AIR OR WATER 49 - INDEPENDENT CLINIC 54 - INTERMEDIATE CARE FACILITY/MENTALLY RETARDED 99 - OTHER UNLISTED FACILITY

EDIT 00136 – INVALID PLACE OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0036**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** M77, M50, MA30**HIPAA Status:** 455, 249, 228

HEADER ID CODE	PLACE OF SERVICE	PHARMACY CLAIM TYPE
60 – MEDICAL	NOT VALID	R - DRUG

EDIT 00142 – UNITS NOT EQUAL TO DOS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 1043**HIPAA Adjustment Reason Code:** 119**HIPAA Remark:** M86**HIPAA Status:** 612, 259

HEADER ID CODE	PROCEDURE CODE	PHARMACY CLAIM TYPE	NUMBER UNITS SUBMITTED
NOT 61 – INSTITUTIONAL	00955 W8208 00840	? - ADJUSTMENT	NOT EQUAL DIFFERENCE BETWEEN BEGINNING DATE OF SERVICE AND END DATE OF SERVICE
OR			
NOT 61 – INSTITUTIONAL	ON SYSTEM LIST C4589 AND NOT ON SYSTEM TRANSLATION TABLE C3304		NOT EQUAL DIFFERENCE BETWEEN BEGINNING DATE OF SERVICE AND END DATE OF SERVICE

EDIT 00146 – PROC INVLD - BILL PROV TAXON**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0079**HIPAA Adjustment Reason Code:** 170**HIPAA Remark:** N95**HIPAA Status:** 25

CLAIM TYPE	BILLING PROV TAXMY/QUAL	PROC/DR/REV/CODE	MEDIA CODE	REND PROV/R TAXNMY	HEADER ID CODE
C - HEALTH DEPARTMENTS E - HEARING AID K - PRIVATE DUTY NURSING L - INDEPENDENT LABORATORY/X-RAY M - MANAGEMENT FEE P - PROFESSIONAL Q - MENTAL HEALTH S - DME V - CHILDREN'S DEVELOPMENTAL SERVICES AGENCIES X - OPTICAL 0 - LOCAL EDUCATION AGENCIES 1 - HOME INFUSION THERAPY 2 - THERAPY SERVICES 4 - CAPITATION 5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTERS 6 - PERSONAL CARE SERVICES 8 - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY	313M00000X/01003 3, SPACES	Y2089 T1015			

OR					
M - MANAGEMENT FEE	313M00000X/01003 , SPACES		2 – ESC BATCH		
OR					
NOT M - MANAGEMENT FEE	261Q00000X 261QR1300X/06707 5, SPACES	NOT Y2089, T1015	NOT 2 – ESC BATCH		
OR					
G – HOSPICE H – HOME HEALTH	261Q00000X 261QR1300X /***/010 /***/075 /SPACES	0550, 0559			
OR					
G – HOSPICE	251G00000X	NOT 0651, 0652, 0655, 0656, 0658, 0659			
OR					
	252Y00000X/038115 OR SPACES	T1015			60 - MEDICAL
OR					
	251500000X/112116 OR SPACES	H0036 MODIFIER NOT HA - CHILD/ADOLESCENT PROGRAM HB - ADULT PROGRAM, NON GERIATRIC HQ - GROUP SETTING HT - MULTI- DISCIPLINARY TEAM U3 - SERVICE RENDERED BY A QUALIFIED PROFESSIONAL (QP) U4 - SERVICE RENDERED BY A NON-QUALIFIED PROFESSIONAL (NON-QP) HP - DOCTORAL LEVEL HO - MASTER'S DEGREE LEVEL, HN - BACHELOR'S DEGREE LEVEL UB - SERVICE RENDERED BY A		NOT 251S00000X/*127	60 - MEDICAL

		PARAPROFESSIONAL U5 - SERVICE RENDERED BY A PARAPROFESSIONAL U6 - SERVICE RENDERED BY AN ASSOCIATE PROFESSIONAL U7 - SERVICE RENDERED BY A NON-LICENSED QUALIFIED PROFESSIONAL, OR U8 - SERVICE RENDERED BY A LICENSED QUALIFIED PROFESSIONAL			
OR					
	NOT GROUP TAXONOMY				

EDIT 00148 – PROC\REV CODE INVLD FOR POS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0156**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)**HIPAA Remark:** M51**HIPAA Status:** 455, 454

CLAIM TYPE	PROCDR CODE	REV- CODE	REND PROVR TAXNMY	PLACE OF SERVICE
O - OUTPATIENT	99201-99205	(0303) LAB-	261Q00000X,	05 - INDIAN HEALTH SERVICE FREE STANDING FACILITY
C - HEALTH DEPARTMENTS	99211-99215 99218-99220	RENAL PATIENT	261QF0400X, 261QR1300X,	06 - INDIAN HEALTH SERVICE PROVIDER BASED FACILITY
E - HEARING AID	99239	HOME	/010	07 - TRIBAL 638 FREE STANDING FACILITY
K - PRIVATE DUTY NURSING	99241-99245 99271-99275		/075	08 - TRIBAL 638 PROVIDER BASED FACILITY
L - INDEPENDENT LABORATORY/X-RAY	99281-99285 99291-99292 99431-99433		/SPACES	15 - MOBILE UNIT
M - MANAGEMENT FEE	99435 99440			19 - OFF CAMPUS OUTPATIENT HOSPITAL
P - PROFESSIONAL				20 - URGENT CARE FACILITY
Q - MENTAL HEALTH				21 - INPATIENT HOSPITAL
S - DME				22 - ON CAMPUS OUTPATIENT HOSPITAL
V - CHILDREN'S DEVELOPMENTAL SERVICES				23 - HOSPITAL EMERGENCY ROOM
AGENCIES				24 - AMBULATORY SURGICAL CENTER
X - OPTICAL				49 - INDEPENDENT CLINIC
O - LOCAL EDUCATION AGENCIES				51 - INPATIENT PSYCHIATRIC FACILITY
1 - HOME INFUSION THERAPY				52 - PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
2 - THERAPY SERVICES				55 - RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
4 - CAPITATION				56 - PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTERS				57 - NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
6 - PERSONAL CARE SERVICES				60 - MASS IMMUNIZATION
8 - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY				61 - COMPREHENSIVE INPATIENT REHABILITATION FACILITY
				62 - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY

			65 - END STAGE RENAL DISEASE TREATMENT FACILITY
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EDIT 00151 – PROC CD\RATE INVLD FOR POS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0325

HIPAA Adjustment Reason Code: 16, 96 (end-dated 10/31/2014)

HIPAA Remark: N301, N188, M66

HIPAA Status: 454

A RATE RECORD IS FOUND ON THE REFERENCE DATABASE BUT THE EFFECTIVE DATES DO NOT COVER THE DATES OF SERVICE ON THE CLAIM, SO NO RATE CAN BE DETERMINED.

**EDIT 00152 – MISSING OR INVALID ACCOMMODATION/ANCILLARY PROCEDURE OR
PROCEDURE/MODIFIER COMBINATION OR NDC**

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0024

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/07/2013)

HIPAA Remark: M51, M50, MA30, M119

HIPAA Status: 218, 21

A RECORD IS NOT FOUND FOR THE NDC, PROCEDURE, PROCEDURE/MODIFIER COMBINATION, ANCILLARY CODE OR ACCOMMODATION CODE ON THE REFERENCE PRICING TABLE.

EDIT 00153 – PROC CD INVLD FOR DIAGNOSIS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0082

HIPAA Adjustment Reason Code: 16, 125 (end-dated 10/31/2013)

HIPAA Remark: M76

HIPAA Status: 488

SEE APPENDIX FOR EDIT 0153 DETAILS

EDIT 00154 – REIMB RATE NOT ON FILE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 1154**HIPAA Adjustment Reason Code:** 119, 133 (end-dated 10/31/2014)**HIPAA Remark:** N657**HIPAA Status:** 3

CLAIM TYPE	RATE TABLE
F - NURSING HOME	SPACES
G - HOSPICE	
H - HOME HEALTH	
I - INPATIENT	
N - ADULT CARE HOME	
O - OUTPATIENT	
Q - MENTAL HEALTH	
3 - INSTITUTIONAL	
AMBULANCE	

EDIT 00217 – ADMISSION TYPE CODE INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 1801**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)**HIPAA Remark:** N277**HIPAA Status:** 562, 21

HEADER ID CODE	TYPE OF ADMISSION CODE
61 - INSTITUTIONAL	NOT 1 – EMERGENCY 2 – URGENT 3 – ELECTIVE 4 – NEWBORN 5 – TRAUMA 9 - INFORMATION NOT AVAILABLE

EDIT 00252 – RECIPIENT NAME/NUMBER MISMATCH

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0191

HIPAA Adjustment Reason Code: 16, 140 (end-dated 10/31/2014)

HIPAA Remark: MA36, MA27

HIPAA Status: 30

CLAIM TYPE	1 ST 2 CHARACTERS RECIPIENTS LAST NAME	1 ST NAME ON CLAIM
NOT R - PHARMACY	NOT EQUAL 1 ST 2 CHARACTERS RECIPIENTS LAST NAME ON DB	NOT EQUAL FIRST NAME ON DB
OR		
CLAIM TYPE	1 ST 2 CHARACTERS RECIPIENTS LAST NAME	1 ST NAME ON CLAIM
R - PHARMACY	NOT EQUAL 1 ST 2 CHARACTERS RECIPIENTS LAST NAME ON DB	NOT EQUAL FIRST NAME ON DB

EDIT 00254 – PART ELIG FOR HEADER DOS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0011**HIPAA Adjustment Reason Code:** 177**HIPAA Remark:** N30**HIPAA Status:** 90, 109

HEADER END SERVICE DATE	MEDIUM TYPE CODE	CLAIM TYPE
GREATER THAN RECIPIENT DATE OF DEATH	0 - PAPER BILLING 1 - PROVIDER PORTAL 2 - ECS BATCH BILLING	NOT A – MEDICARE PART A-INPATIENT CROSSOVER B - MEDICARE PART B-INPATIENT CROSSOVER U - MEDICARE PART B-UB OUTPATIENT CROSSOVER
OR		
ELIGIBILITY DATES		
NOT EQUAL AND/OR LESS THAN HEADER BEGIN AND END DATES		
AND		
MEDIUM TYPE CODE	PROVIDER TAXONOMY	CLAIM TYPE
1 – PROVIDER PORTAL	314000000X	A – MEDICARE PART A-INPATIENT CROSSOVER
2 – ECS BATCH BILLING	282N00000X	
OR		
MEDIUM TYPE CODE		CLAIM TYPE
1 – PROVIDER PORTAL		B – MEDICARE PART B-INPATIENT CROSSOVER
2 – ECS BATCH BILLING		
OR		
MEDIUM TYPE CODE		CLAIM TYPE
1 – PROVIDER PORTAL		U – MEDICARE PART UB-INPATIENT CROSSOVER
2 – ECS BATCH BILLING		
OR		
	PROVIDER TAXONOMY	CLAIM TYPE
	314000000X	A – MEDICARE PART A-INPATIENT CROSSOVER
	282N00000X	
OR		
		CLAIM TYPE
		U – MEDICARE PART UB-INPATIENT CROSSOVER
OR		
		CLAIM TYPE
		B – MEDICARE PART B-INPATIENT CROSSOVER

EDIT 00259 – TPL SUSPECT**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0094**HIPAA Adjustment Reason Code:** 16, 22**HIPAA Remark:** N479, MA04**HIPAA Status:** 286, 171**PROFESSIONAL:**

RECIPIENT COVERAGE	OTHER INSURANCE PAYMENTS ON CLAIM	CLAIM TYPE
NOT MEDICARE OR BUYIN	EQUAL \$0	A – MEDICARE PART A-INPATIENT CROSSOVER B - MEDICARE PART B-INPATIENT CROSSOVER U - MEDICARE PART B-UB OUTPATIENT CROSSOVER I – INPATIENT F - NURSING HOME D - DENTAL H - HOME HEALTH L - INDEPENDENT LABORATORY/X-RAY O - OUTPATIENT P – PROFESSIONAL Q - MENTAL HEALTH S – DME T – AMBULANCE X - OPTICAL 5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTERS

INSTITUTIONAL

CLAIM TYPE	LAST 3 DIGITS BILLING QUALIFIER	PROCEDURE CODE	BILLING ATYPICAL PROVIDER
O - OUTPATIENT	'069'	S0280, S0281	
OR			
			3403050 3403051 3403053 3403062 3403071 3404981 3404100 THRU 3404299 3408000 THRU 3408999 3409000 THRU 3409699 3409700 THRU 3409799 3418000 THRU 3418999 3419000 THRU 3419802 3409800 THRU 3418999 3419000 THRU 3419802 3409800 THRU 3409825 6600000 THRU 6602999 8801895 8801959 8802023
OR			
ATTENDING ATYPICAL PROVIDER	STATE ASSIGNED BENEFIT PLAN	PROCEDURE CODE	
3403050 3403051 3403053 3403071	CAPMR	T1999 T2025	

MEDICAL

ATTENDING ATYPICAL PROVIDER
3403050
3403051
3403053
3403062
3403071
3404981
3404100 THRU 3404299
3408000 THRU 3408999

3409000 THRU 3409699		
3409700 THRU 3409799		
3418000 THRU 3418999		
3419000 THRU 3419802		
3409800 THRU 3409825		
6600000 THRU 6602999		
8801895		
8801959		
8802023		
OR		
ATTENDING ATYPICAL PROVIDER	STATE ASSIGNED BENEFIT PLAN	PROCEDURE CODE
3403050	CAPMR	T1999
3403051		T2025
3403053		
3403071		

PHARMACY

CLAIM TYPE	RECIPIENT HAS 3 RD PARTY COVERAGE	3 RD PARTY PAID AMOUNT LESS THAN LESSER OF 10% OF	DATE OF SERVICE
R - DRUG	YES	GROSS AMOUNT DUE OR USUAL CUSTOMARY CHARGE	GREATER THAN OR EQUAL OTHER COVERAGE BEGIN DATE AND LESS THAN OR EQUAL OTHER COVERAGE END DATE

EDIT 00263 – PART ELIG FOR LINE DOS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0084**HIPAA Adjustment Reason Code:** 239, 26 (end-dated 10/31/2014), 141 (end-dated 10/31/2014)**HIPAA Remark:****HIPAA Status:** 456, 187

CLAIM TYPE	PATIENT STATUS	RECIPIENT ELIGIBILITY	PARTIAL ELIGIBILITY INDICATOR	PRICING METHOD
I - INPATIENT	NOT 30-39	NOT COVERING COMPLETE SPAN OF DATE OF SERVICE	'Y'	RCC
OR				
CLAIM TYPE		RECIPIENT ELIGIBILITY		
NOT Q – MENTAL HEALTH F – NURSING HOME P-PROFESSIONAL		NOT COVERING COMPLETE SPAN OF DATE OF SERVICE		

EDIT 00299 – ENCOUNTER HMO ENROLLMENT CHECK**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 6996**HIPAA Adjustment Reason Code:** 96**HIPAA Remark:** N30**HIPAA Status:** 585

BENEFIT PLAN	ENROLLMENT PHPB/PHPC
NOT	NOT ON DATE OF SERVICE
PHPB	
PHPC	

EDIT 00301 – ATTENDING PROVIDER MISSING/INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0013**HIPAA Adjustment Reason Code:** 16, B7**HIPAA Remark:** N252, N253**HIPAA Status:** 91, 562

BILLING PROVIDER TAXONOMY	TO-DATE OF SERVICE	ATTENDING PROVIDER TAXONOMY	ATTENDING PROVIDER NPI	CLAIM LINE DATE OF SERVICE	ATTENDING PROVIDER STATUS
229N00000X 261Q00000X 332BC3200X 332BD1200X 332B00000X 261QF0400X 367500000X 156FX1700X 225000000X 332BX2000X 332BP3500X 225100000X 224P00000X 261QR0401X 261QR1300X 156F00000X 231H00000X	GREATER THAN 08-24-2007	NOT SPACES	ON PROVIDER DATABASE	NOT WITHIN ELIGIBILITY RANGE FOR ATTENDING PROVIDER	01 - ACTIVE

EDIT 00326 – RENDERING PROVIDER NUMBER CHECK**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 8328**HIPAA Adjustment Reason Code:** B7, 52 (end-dated 10-31-2014), 185 (end-dated 11-07-2013)**HIPAA Remark:** N290**HIPAA Status:** 91

RENDERING PROVIDER INDICATOR	RENDERING PROVIDER NPI	RENDERING ATYPICAL NUMBER
Y	EQUALS BILLING PROVIDER NPI	
OR		
		RENDERING ATYPICAL NUMBER
		EQUALS BILLING PROVIDER NPI
OR		
	RENDERING PROVIDER NPI	
	BLANK	
OR		
		RENDERING ATYPICAL NUMBER
		BLANK

EDIT 00334 – ENCOUNTER TAXONOMY MISSING/INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 1334**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)**HIPAA Remark:** MA130**HIPAA Status:** 144, 132

CLAIM TYPE	ATTENDING PROVIDER TAXONOMY	DOCUMENT TYPE CODE
C - HEALTH DEPARTMENTS D - DENTAL E - HEATING AID K - PRIVATE DUTY NURSING L - INDEPENDENT LABORATORY/X-RAY M - MANAGEMENT FEE P - PROFESSIONAL Q - MENTAL HEALTH S - DURABLE MEDICAL EQUIPMENT V - CHILDREN'S DEVELOPMENTAL SERVICES AGENCIES X - OPTICAL O - LOCAL EDUCATION AGENCIES, 1 - HOME INFUSION THERAPY 2 - THERAPY SERVICES 4 - CAPITATION 5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER 6 - PERSONAL CARE SERVICES 8 - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY	NOT SPACES	EQUALS E - ENCOUNTER

EDIT 00337 – ENCOUNTER PROCEDURE CODE NOT ON FILE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 6337**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)**HIPAA Remark:** MA130**HIPAA Status:** 454, 21

CLAIM TYPE	PROCEDURE CODE	DOCUMENT TYPE CODE
C - HEALTH DEPARTMENTS E - HEATING AID K - PRIVATE DUTY NURSING L - INDEPENDENT LABORATORY/X-RAY M - MANAGEMENT FEE P - PROFESSIONAL Q - MENTAL HEALTH S - DURABLE MEDICAL EQUIPMENT T - AMBULANCE V - CHILDREN'S DEVELOPMENTAL SERVICES AGENCIES X - OPTICAL 0 - LOCAL EDUCATION AGENCIES, 1 - HOME INFUSION THERAPY 2 - THERAPY SERVICES 3 - INSTITUTIONAL AMBULANCE 4 - CAPITATION 5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER 6 - PERSONAL CARE SERVICES 8 - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY	NOT ON REFERENCE PROCEDURE DATABASE	EQUALS E - ENCOUNTER

EDIT 00339 – PRICING RECORD NOT FOUND FOR ENCOUNTER CLAIM**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 6339**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)**HIPAA Remark:** MA130**HIPAA Status:** 455, 21

DOCUMENT TYPE CODE	REVENUE CODE	PROCEDURE CODE ON ENCOUNTER	NDC	ACCOMODATION CODE
EQUALS E - ENCOUNTER	NOT ON REVENUE CODE DATABASE	NOT ON REFERENCE PROCEDURE DATABASE	NOT ON NDC DATABASE	NOT ON ACCOMODATION DATABASE

EDIT 00353 – NO FEE ON FILE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 1660**HIPAA Adjustment Reason Code:** 204**HIPAA Remark:** N448, M76, MA130**HIPAA Status:** 585

FEE SCHEDULE PRICING FACTOR CODE	PROCEDURE-PRICING SPECIALTY TABLE	PROCEDURE CODE ON ENCOUNTER	NDC	ACCOMODATION CODE
1	RATE NOT FOUND	NOT ON REFERENCE PROCEDURE DATABASE	NOT ON NDC DATABASE	NOT ON ACCOMODATION DATABASE
2				

FEE SCHEDULE PRICING IS PERFORMED FOR FACTOR CODE 1, OR 2, AND THERE IS NO RATE FOUND ON THE PROCEDURE-PRICING SPECIALTY TABLE WHEN ACCESSED USING THE PROCEDURE CODE, INTERNAL MODIFIER, PRICING SPECIALTY AND BENEFIT PLAN\PAYER ADMIN\DMA ADMIN. THE PRICING SPECIALTY IS DERIVED USING THE TAXONOMY CODE. THE SYSTEM WILL USE THE RENDERING TAXONOMY IF THE RENDERING NPI IS REQUIRED OTHERWISE IT WILL USE THE BILLING PROVIDER TAXONOMY.

EDIT 00355 – MANUAL PRICING REQUIRED**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 1224**HIPAA Adjustment Reason Code:** 133**HIPAA Remark:** N225, N29**HIPAA Status:** 41

FEE SCHEDULE PRICING FACTOR CODE	BILLING PROVIDER TAXONOMY	PROCEDURE CODE ON ENCOUNTER	MEDIUM TYPE CODE	REVENUE CODE	ACCOMODATION CODE	DATES OF SERVICE
3						
OR						
3		90749, 96549, 97039, 97139, 23929, 26989, 69949, 69979, 29909, 38129, 38589, 43289, 43659, 44209, 44979, 47579, 49329, 49659, 55559, 58578, 58579, 59898 OR LAST 2 CHARACTERS IN PCODE ARE '99' AND PROCEDURE CODE NOT 76499, D7999, A9999, OR E2599				
OR						
	332B00000X 332BC3200X 332BD1200X 332BX2000X 332BP3500X	LAST 2 CHARACTERS IN PCODE ARE '99'	2 - ECS BATCH BILLING 3 - PHARMACY POS OR X-12 TRANSACTION 8 - ECS BATCH BILLING ADJUSTMENT 9 - PHARMACY POS OR X-12 TRANSACTION ADJUSTMENT			
OR						
		J9999	2 - ECS BATCH BILLING			

			3 - PHARMACY POS OR X-12 TRANSACTION 8 - ECS BATCH BILLING ADJUSTMENT 9 - PHARMACY POS OR X-12 TRANSACTION ADJUSTMENT			
OR						
				0821 0831	NOT 70 - (HEMO-PERI- REVENUE CODE 821 AND 831)	NOT WITHIN EFFECTIVE DATES
OR						
				0841 0851	NOT 71 - (CAPD-CCPD- REVENUE CODE 841 AND 851)	
OR						
					71 - (CAPD-CCPD- REVENUE CODE 841 AND 851)	NOT WITHIN EFFECTIVE DATES

EDIT 00358 – FACTOR CD IND PROC NON-CVRD

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 5203

HIPAA Adjustment Reason Code: 96

HIPAA Remark: N56

HIPAA Status: 457, 453

CLAIM TYPE	PRICING FACTOR CODE	DATES OF SERVICE
Q - MENTAL HEALTH	(E) NON-COVERED	WITHIN REVENUE CODE EFFECTIVE DATE RANGE
OR		
	(E) NON-COVERED	

EDIT 00359 – PROV CHRGS ON PER DIEM**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0153**HIPAA Adjustment Reason Code:** 96, 16 (end-dated 10-31-2014), 125 (end-dated 11-07-2013)**HIPAA Remark:** M52**HIPAA Status:** 21

CLAIM TYPE	PRICING INDICATOR @LINE PRICES	CLAIM DETAIL INTERNAL MODIFIER
F - NURSING HOME	PD	NOT @A
I – INPATIENT	PP	
Q - MENTAL HEALTH	RP DT SP	

EDIT 00366 – DRG - DOES NOT MEET MCE CRITERIA**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 9209**HIPAA Adjustment Reason Code:** 146**HIPAA Remark:** MA65**HIPAA Status:** 256, 232, 21

CLAIM TYPE	CLAIM MEET MAJOR DIAGNOSTIC CATEGORY (MDC)
I – INPATIENT	NO

EDIT 00370 – DRG – ILLOGICAL PRINCIPAL DIAGNOSIS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0060**HIPAA Adjustment Reason Code:** B5**HIPAA Remark:** MA63**HIPAA Status:** 21

PRIMARY DIAGNOSIS	MCE PROGRAM/CLAIM
NOT VALID	YES

EDIT 00375 – DRG CODE NOT ON PRICING FILE

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 3575

HIPAA Adjustment Reason Code: A8

HIPAA Remark: N657

HIPAA Status: 256

DRG CODE
NOT ON REFERENCE DIAGNOSIS RELATED GROUP PRICING TABLE

EDIT 00378 – DRG CODE NOT ON PRICING FILE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 9273**HIPAA Adjustment Reason Code:** 16, 147**HIPAA Remark:** N65**HIPAA Status:** 256

BILLING PROVIDER ACCOMODATION CODE	DRG ON DATABASE	DRG RCC RATE
96 – INPATIENT DRG SPECIFIC RCC	NO	
OR		
96 – INPATIENT DRG SPECIFIC RCC		NO COVERAGE FOR DATES OF SERVICE

EDIT 00800 – PROCEDURE CODE/TAXONOMY REQUIRED PSYCHOLOGICAL DIAGNOSIS**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 0082**HIPAA Adjustment Reason Code:** 16 (end-dated 10-31-2014), 125 (end-dated 11-07-2013)**HIPAA Remark:** M76**HIPAA Status:** 488

PROCEDURE/REVENUE CODE	DIAGNOSIS CODE	BILLING PROVIDER TAXONOMY /QUAL
WITHIN CATEGORY PP0025, REVENUE COE 0911	NOT IN CATEGORY DD0003	323P00000X-106096 323P00000X-108096 320800000X 251S00000X-074060 251S00000X-074113

EDIT 01207 – MEDICARE CODE EDITOR - AGE IS INVALID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 1708

HIPAA Adjustment Reason Code: 6

HIPAA Remark: N129

HIPAA Status: 475

CLAIM TYPE	RECIPIENT AGE
I - INPATIENT	NOT IN RANGE 124 YEARS

EDIT 01208 – MEDICARE CODE EDITOR – GENDER CODE IS INVALID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 1709

HIPAA Adjustment Reason Code: 7

HIPAA Remark: MA39

HIPAA Status: 474

CLAIM TYPE	RECIPIENT GENDER
I - INPATIENT	NOT M F
OR	
A – MEDICARE PART A- INPATIENT CROSSOVER	NOT M F

EDIT 01705 – PRIOR APPROVAL REQUIRED FOR CAPCH, CAPDA, CAPCO RECIPIENTS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 1705

HIPAA Adjustment Reason Code: 197

HIPAA Remark: N54

HIPAA Status: 455, 454

BENEFIT PLAN	MATCHING PRIOR APPROVAL
CAPCH, CAPDA, CAPCO	NOT ON DATABASE

EDIT 02102 – INVALID MODIFIERS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 7702

HIPAA Adjustment Reason Code: 16 (end-dated 10-31-2014), 125 (end-dated 11-07-2013)

HIPAA Remark: MA130

HIPAA Status: 21

MODIFIER ON CLAIM	MODIFIER ON CLAIM
NOT ## - LEGACY PLACEHOLDER = NO MOD OR SPACE	NOT LISTED IN VALID MODIFIER VALUE LIST

EDIT 02104 – PROVIDER TAXONOMY IS NOT ALLOWED TO BILL THE MODIFIER SUBMITTED**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 7704**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)**HIPAA Remark:** MA130**HIPAA Status:** 21

INTERNAL MODIFIER INDICATOR	BILLING PROVIDER TAXONOMY MODIFIER	CLAIM DETAIL MODIFIER	SWITCH-I	PROVIDER ATTENDING REQUIRED INDICATOR
1 - MODIFIER	NOT FOUND ON PROVIDER TAXONOMY MODIFER TABLE			
OR				
1 - MODIFIER	NOT 193200000X	NOT 82 – ASSISTANT AT SURGERY WHEN A QUALIFIED RESIDENT NOT AVAILABLE	ON	
OR				
1 - MODIFIER	NOT FOUND ON PROVIDER TAXONOMY MODIFER TABLE			Y

EDIT 02437 – SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 2437**HIPAA Adjustment Reason Code:** 16**HIPAA Remark:** M86**HIPAA Status:** 26

SERVICE FACILITY PROVIDER	HEALTH PLAN ACTION REASON CODE	CLAIM HEALTH PLANS DATES	EDIT LOCATION POSTING
NOT ON DATABASE NOT ACTIVE STATUS	NOT01	NOT WITHIN CLAIM DATES OF SERVICE	HEADER – INSTITUTIONAL CLAIMS LINE – PROFESSIONAL AND DENTAL

EDIT 03201 – MCE DRG-PRINCIPLE PROCEDURE INVALID FOR RECIPIENT SEX**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 9249**HIPAA Adjustment Reason Code:** 7**HIPAA Remark:** N1, MA66 (end-dated as of 10-31-2014)**HIPAA Status:** 465, 256

CLAIM TYPE	ELIGIBILITY RECIPIENT SEX
I - INPATIENT	NOT EQUAL SEX ON PROCEDURE/DIAGNOSIS TABLE
OR	
A - MEDICARE PART A- INPATIENT CROSSOVER	NOT EQUAL SEX ON PROCEDURE/DIAGNOSIS TABLE

EDIT 03224 – MCE-PROC INCONSISTENT WITH LENGTH OF STAY

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 9243

HIPAA Adjustment Reason Code: 16, 181 (end-dated as of 10-31-2014)

HIPAA Remark: MA66

HIPAA Status: 465, 256, 21

CLAIM TYPE	PROCEDURE CODE	LENGTH OF STAY
I – INPATIENT	09672	LESST THAN 4 DAYS
A - MEDICARE PART A- INPATIENT CROSSOVER		

EDIT 04203 – MCE- DIAG CODE INVALID RECIPIENT SEX

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 9219

HIPAA Adjustment Reason Code: 10

HIPAA Remark: N657, M64 (end-dated 10-31-2014)

HIPAA Status: 86, 256

ELIGIBILITY RECIPIENT SEX
NOT EQUAL RECIPIENT GENDER
RESTRICTION CODE

EDIT 04209 – MCE- PRINCIPLE DIAGNOSIS REQUIRES SECONDARY DIAGNOSIS

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 9241

HIPAA Adjustment Reason Code: 16, 125 (end-dated as of 10-31-2013)

HIPAA Remark: MA130

HIPAA Status: 488, 21

CLAIM TYPE	PRINCIPAL DIAGNOSIS CODE	SECONDARY DIAGNOSIS
I – INPATIENT	REQUIRES SECONDARY DIAGNOSIS	SPACES

EDIT 04529 – BILLING PROVIDER LOCATION INVALID**Effective Date:** 7/1/2013**End Date:****Update Date:** 10/29/2017**Disposition:** PAY/REPORT**EOB:** 04529**HIPAA Adjustment Reason Code:** 16**HIPAA Remark:** N58**HIPAA Status:** 126

CLAIM TYPE	PRINCIPAL DIAGNOSIS CODE	SECONDARY DIAGNOSIS
I – INPATIENT	REQUIRES SECONDARY DIAGNOSIS	SPACES

HISTORY CLAIM TYPE	SUBMITTED BILLING ZIPCODE	SUBMITTED BILLING PROVIDER STATE CODE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE	CURRENT HEADER FROM DATE OF SERVICE
I - INPATIENT	PROVIDER ADDRESS ZIPCODE	BILLING PROVIDER STATE CODE PROVIDER RECORD	LESST OR EQUAL HISTORY HEADER TO DATE OF SERVICE	GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE	CURRENT DISCHARGE DATE	HISTORY DISCHARGE DATE

EDIT 04531 – BILLING PROVIDER TAXONOMY LOCATION INVALID FOR LOCATION

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 4531

HIPAA Adjustment Reason Code: 16

HIPAA Remark: M86

HIPAA Status: 26

BILLING PROVIDER TAXONOMY STATUS AT SERVICE LOCATION CODE
NOT 001

EDIT 04532 – RENDERING PROVIDER TAXONOMY INVALID FOR LOCATION

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 4532

HIPAA Adjustment Reason Code: 16

HIPAA Remark: M86

HIPAA Status: 26

RENDERING PROVIDER TAXONOMY STATUS AT SERVICE LOCATION CODE
NOT 001

EDIT 49450 – PROCEDURE CODE UNIT LIMIT

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 7003

HIPAA Adjustment Reason Code: 119

HIPAA Remark: M86

HIPAA Status: 258

PRELIMINARY CRITERIA (IF THIS EDIT FAILS, THEN THE CLAIM AUTOMATICALLY FAILS THE EDIT).

CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL PROCEDURE CODE	CURRENT LIMITATION MODIFIER	CURRENT PRIMARY DETAIL MODIFIER	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT ACCUMULATION UNITS
SPACES	CURRENT LIMITATION CODE	**	CURRENT LIMITATION MODIFIER	EQUAL CURRENT MAXIMUM PERIOD ADD -1	EQUAL CURRENT MAX PERIOD LESS -1	0

MAIN EDIT CRITERIA

HISTORY CLAIM TYPE	CURRENT CLAIM TYPE	CURRENT DETAIL PROCEDURE CODE	CURRENT LIMITATION MODIFIER	CURRENT PRIMARY DETAIL MODIFIER	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE
C,E,L,P,V,0, 2,5,8,O,D OR 0 (zero)	0	HISTORY DETAIL PROCEDURE CODE	**	HISTORY PRIMARY DETAIL MODIFIER	D	LESS OR EQUAL CURRENT ACCUMULATION TO DATE OF SERVICE	GREATER OR EQUAL CURRENT ACCUMULATION FROM DATE OF SERVICE
AND							
HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	
CURRENT ACCUMULATION UNITS	GREATER CURRENT MAX UNITS	M	HISTORY DETAIL TO DATE OF SERVICE	CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	C	
AND							
HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE		
GREATER OR EQUAL CURRENT DETAIL FROM	LESS OR EQUAL CURRENT DETAIL	CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	F	GREATER OR EQUAL CURRENT		

DATE OF SERVICE 01_01	FROM DATE OF SERVICE 01_01				DETAIL FROM DATE OF SERVICE 07_01
AND					

HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL UNITS		
LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE	CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	V	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 04_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 04_01	CURRENT ACCUMULATION UNITS		
AND								
CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS			
GREATER CURRENT MAXIMUM UNITS	R	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 10_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 10_01	CURRENT ACCUMULATION UNITS				
AND								
CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS				
X	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 09_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 09_01	CURRENT ACCUMULATION UNITS					
AND								
CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS				
P	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 11_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 11_01	CURRENT ACCUMULATION UNITS					

FINAL CRITERIA

CURRENT DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT ACCUMULATION UNITS	RESPONSE CUTBACK INDICATOR
CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	LESS CURRENT MAXIMUM UNITS	3

EDIT 53840 – LIMIT OF ONE UNIT PER DAY**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 7104**HIPAA Adjustment Reason Code:** 96, A1 (end-dated effective 10-31-2014)**HIPAA Remark:** N362**HIPAA Status:** 486**PRELIMINARY CRITERIA**

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT ACCUMULATOR UNITS
H0010,H0012,H0013,H0015,H0020,H0035,H0046,H2016,H2022,Q3014, T1023,T2014,T2016,T2020,T2034,90801,90802,90804,90805,90806,90807,90808,90809,90810,90811,90812,90813,90814,90815,90816,90817,90818,90819,90821,90822,90823,90824,90826,90827,90828,90829,90845,90846,90847,90849,90853,90857,90862,90865,95970,95971,95972,95973,95974,95975,95978,95979,96110,96125,96150,96151,96372,96373,96374,96375,99201,99202,99203,99204,99205,99211,99212,99213,99214,99215,99217,99218,99219,99220,99221,99222,99223,9923,99232,99233,99234,99235,99236,99238,99239,99241,99242,99243,99244,99245,99251,99252,99253,99254,99255,99281,99282,99283,99284,99285,99291,99304,99305,99306,99307,99308,99309,99310,99315,99316,99318,99321,99324,99325,99326,99327,99328,99334,99335,99336,99337,99339,99340,99341,99342,99343,99344,99345,99347,99348,99349,99350,99354,99355,99356,99357,99408,99409,96127	@L, @3	U4	SET TO 0

MAIN CRITERIA

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,P,V,2,5	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	@L, @3	U4	ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

FINAL CRITERIA

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

EDIT 53850 – LIMIT OF ONE UNIT PER DAY

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 7104

HIPAA Adjustment Reason Code: 96, A1 (end-dated effective 10-31-2014)

HIPAA Remark: N362

HIPAA Status: 486

PRELIMINARY CRITERIA

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT ACCUMULATOR UNITS
SS150	@3	US	SET TO 0

MAIN CRITERIA

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,K,P,V,2, 5,6	HISTORY DETAIL FROM DATE OF SERVICE	SS150	@L, @3	U4	ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1	

FINAL CRITERIA

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

EDIT 53860 – LIMIT OF ONE UNIT PER MONTH**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 7105**HIPAA Adjustment Reason Code:** 96, A1 (end-dated effective 10-31-2014)**HIPAA Remark:** N362**HIPAA Status:** 483**PRELIMINARY CRITERIA**

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT ACCUMULATOR UNITS
T2041	@3	U1	SET TO 0

MAIN CRITERIA

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,K,P,V,2,5,6	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	T2041	@3	U1	ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

FINAL CRITERIA

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

EDIT 53870 – LIMIT OF ONE UNIT PER DAY**Effective Date:** 7/1/2013**End Date:****Update Date:** 7/1/2013**Disposition:** PAY/REPORT**EOB:** 7104**HIPAA Adjustment Reason Code:** 96, A1 (end-dated effective 10-31-2014)**HIPAA Remark:** N362**HIPAA Status:** 483**PRELIMINARY CRITERIA**

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT ACCUMULATOR UNITS
S5145	@3	SET TO 0

MAIN CRITERIA

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,K,P,V,2, 5,6	HISTORY DETAIL FROM DATE OF SERVICE	S5145	@3		ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

FINAL CRITERIA

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

APPENDIX A - EDIT 0153 DETAILS